



**RECIPROCITY APPLICATION FORM: FCCM**  
**For applicants who are Diplomates of the ABMM**

For CCM Office Use Only:

Date Received	Date of Review	Date of Certification
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*Note, Diplomates of the ABMM who have previously unsuccessfully attempted the FCCM exam are ineligible as FCCM via reciprocity (effective January 25, 2017). As of January 25, 2020, only Diplomates of the ABMM who completed a CPEP or CCM-accredited training program will be eligible to apply for FCCM reciprocity.*

**PLEASE write in CAPITAL LETTERS**

Name in full (surname, initial, first): as you want it to appear on the certificate:	
Date of Birth (year, month, day)	
Nationality:	
Business address including zip code:	
Business telephone:	Business FAX:
Business Email:	
Residence address including zip code:	
Residence telephone:	
Residence Email:	
ABMM Certification Number:	
Last Date of ABMM Recertification:	

Attachments:

1. Copy of ABMM certificate
2. When appropriate, copy of the letter of Recertification
3. Copy of CV (Short form preferred)
4. Processing fee: CAN\$75.00 Annual membership fees: CAN\$ 110.00 **Total: \$185.00**

**Make cheque payable to “The Canadian College of Microbiologists” or contact the FCCM Chair regarding alternate methods of payment (PayPal).**



I hereby certify that I am requesting reciprocal certification as an FCCM member of the Canadian College of Microbiologists. I verify that the information that I have provided is correct and that I am a member in good standing with the American College of Microbiology.

Signature: \_\_\_\_\_

Mail the completed application with all attachments to:

**The Canadian College of Microbiologists**

**Dr. Heather Adam**

**Shared Health**

**MS675F - 820 Sherbrook St.**

**Winnipeg, MB R3A 1R9**

**Tel: 204-787-8678**

**email: [hadam@sharedhealthmb.ca](mailto:hadam@sharedhealthmb.ca)**