



Canadian College  
of Microbiologists

Collège Canadien  
des Microbiologistes

**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:	



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Required Documentation:

1. Copy of ABMM certificate
2. When appropriate, copy of the letter of Recertification
3. Copy of CV
4. Reciprocity fee: \$185 (includes 1<sup>st</sup> year's annual membership fee: \$ 110.00)

Contact the FCCM Chair regarding payment methods at the email listed below.

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: \_\_\_\_\_

Submit the completed application with all required supporting documentation (electronic copies are acceptable) to:

**Dr. Heather Adam**  
**Clinical Microbiology, Health Sciences Centre**  
**MS675F - 820 Sherbrook St.**  
**Winnipeg, MB R3A 1R9**  
**Tel: 204-787-8678**  
**email: [hadam@sharedhealthmb.ca](mailto:hadam@sharedhealthmb.ca)**