

American Association of Bariatric Counselors
9901 Brodie Lane, Suite 160-278
Austin, Texas 78748
(512) 866-284-3682 extension 140

Website: www.aabc-certification.org

Admission to Bariatric Science Certificate Program

Name: _____
(Enter your name and title as you would like it to appear on the certificate)

Graduate Degree(s): _____ License (s) _____

Address: _____

City : _____ State: _____ Zip: _____ Country: _____

Phone : _____ email: _____

Job Title: _____

Employer Name: _____

Employer Address: _____

Employer City: _____ State: _____ Zip: _____

Employer Phone: _____ email: _____

II. Academic Information

List any academic degrees

(Submit transcript of each degree obtained by regular mail, email or fax)

List any licenses or certificates (Submit copy of each license or certification.)

License/Certificate	Where Held or Awarded	Date
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III. Ethical, Legal or Professional Events

Have you been involved with any ethical, legal or professional proceedings such as an ethical hearing or malpractice lawsuit?

Yes _____ No _____

If "yes", please explain the circumstance:

IV. Honors, Awards, Publications

List any honors and/or awards received including places and dates of honors and publications including reference citations.

V. Memberships and Affiliations

List current memberships in professional associations, committees, societies, boards, etc. including types of membership (i.e., member or associates) and dates of memberships.

Association/Society	Types of Membership	Dates
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VII. Your Signature

I affirm the veracity of all statements made by me is true in this application for Admission to Bariatric Science Certificate Program..

Signature: _____ Date: _____

Application Fee payment option: (check one)

By Check By Credit Card or PayPal Account

Send to: AABC, 9901 Brodie Lane, Suite 160-278, Austin, Texas 78748.

* Be sure to include:

- Copies of transcripts, licenses and certificates with your application.
- Two letters of reference (at least one from a licensed health or education professional using an official letterhead.)
- A copy of a photo id such as work id, passport or driver license
- A \$ 75.00 application fee by check made payable to American Association of Bariatric Counselors or by a major credit card through PayPal Services. To use PayPal Services, go to www.aabc-certification.org under “How To Become Certified”, “Admission Criteria”, #7: To use PayPal Services, click the “Pay Now” button.

(Please check one of the payment options under your signature on this page. If you use PayPal Services, please include a copy of your PayPal receipt with your application.)

- Please mail application and supporting documents in a 9" x 12" (or larger) mailing envelope so that pages will be flat for digital scanning.

Note: To avoid delays in processing, application package should include all required documents: completed application, all transcripts, licenses, certificates and letters of reference.