

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

Certification Renewal Form

Professionals that have completed specialized academic training in the Bariatric Sciences and must continue their specialized education to maintain their Board Certification.

I. Identification Information

AABC Identification Number: _____

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 earned since being granted certification or since last renewal (Submit transcript of each degree obtained by regular mail, email or fax)

List any licenses or certificates awarded since being granted certification or since last renewal, where held or awarded and dates awarded. (Submit proof of each license or certification.)

License/Certificate	Where Held or Awarded	Date
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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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 since being granted certification or last renewal?
Yes _____ No _____

If "yes", please explain the circumstance:

IV. Honors, Awards, Publications

List any honors and/or awards received since being granted certification or the last renewal 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

VII. Continuing Education – 20 Approved CEUs/Hours Required

Satisfactory completion of 20 hours of continuing education in Bariatric Science or closely related disciplines approved by AABC Education and Standards Committee. Proof of each unit of Continuing Education must be submitted.

VII. Additional Required Documentation

Remember to:

1. Enclose the Certification Renewal Fee of \$ 150.00 by check or PayPal Services:

By Check:

Make check payable to: AABC

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

Online through Paypal services which allows payment by credit card or PayPal account.

(Go to www.aabc-certification.org to Maintaining Certification under item # 4: Pay Certification Renewal Fee online now)

2. Enclose proof of all Continuing Education Courses, Workshop and/or Seminars which fulfill the 20 CEUs required to maintain AABC certification.
3. Enclose copies of all current licenses and certifications.

VIII. Your Signature

I affirm the veracity of all statements made by me is true in this renewal application.

Signature: _____ Date: _____

For Office Use Only:

ID No. _____
BCBC _____ BCEC _____
Expires: _____
Date Processed _____
Recorded in database: _____
Recorded in manual: _____