

American Association of Bariatric Counselors
110 Chestnut Ridge Road, suite 137
Montvale, NJ 07645
(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 Certificate #: _____

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

Address: (that renewal certificate will be mailed)

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

Phone : _____ email: _____

Employer or Self Employed Name:

Job Title: _____

Employment Address:

Employment City: _____ State: _____ Zip: _____

Employment Phone: _____

Employment email: _____

II. Academic Information

List any academic degrees earned since being granted certification or since last renewal

List current licenses certificates

License/Certificate	Where Held or Awarded	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List licenses or certificates awarded since being granted certification or since last renewal,

License/Certificate	Where Held or Awarded	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 receipt:

By PayPal Services:

Contact Carrie Moraites carrie.moraites@aabccertification.org who will send you a PayPal “Money Request” for the full amount. Enclose a printed PayPal receipt.

By Check:

Make check payable to: AABC
Mailing Address;
American Association of Bariatric Counselors
110 Chestnut Ridge Road, Suite 137
Montvale, NJ 07645

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.**
4. Mail to: AABC, 110 Chestnut Ridge Road, Suite 137, Montvale, NJ 07645

VIII. Your Signature

I affirm the veracity of all statements made by me within this renewal application.

Signature: _____ Date: _____

For Office Use Only:

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