

American Association of Bariatric Counselors

110 Chestnut Ridge Road, Suite 137, Montvale, NJ 07645

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

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

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?

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

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: (circle one)

By Check | By Credit Card | PayPal Account |

Send to: AABC, 110 Chestnut Ridge Road, Suite 137, Montvale, NJ 07645

* Be sure to include:

- Two letters of reference, each submitted on official letterhead stationery.

At least one letter must be from a licensed health or education professional. **If you are a licensed, registered, or certified health or education professional these letters may be submitted post application submission.**

- 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 /how-to-become-certified.html](http://www.aabc-certification.org/how-to-become-certified.html) under “How To Become Certified”, #7: 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.)

6

Note: To avoid delays in processing, application package should include all required documents: completed application, licenses, certificates and letters of reference. •
Please mail application and supporting documents in a 9" x 12" (or larger) mailing envelope so that pages will be flat for digital scanning.

For additional application information contact: [carrie.moraites@aabc-
certification.org](mailto:carrie.moraites@aabc-certification.org)