



INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. It is very important that your application form be completed carefully and accurately. The information you provide on this form and any accompanying documents required will be used by the ACCL to determine your eligibility to sit for the examination. If accepted, your acknowledgement/confirmation letter will be emailed and your examination results will be sent to the mailing address indicated on the form.
2. Type or print clearly, in ink, all information requested. Sign where applicable.
3. Candidates are not required Social Security numbers on the application form other than on a voluntary basis. The numbers are useful as a secondary check in matching registration information to scores to ensure that they are reported correctly.
4. Please remember that you will be required to present copies of certifications, CME/CE documentation, and other supporting materials with this application. Titles of the activities must be clearly identified. If the title of the session is not clearly related to lipids, we also encourage you to submit a copy of the program or educational outline to assist with credentialing review. The Credentialing Committee will make the final determination on point assignments.

EXAMINATION DATES AND APPLICATION DEADLINES

2012 Examination Dates:

- Spring Testing Window April 16-May 25, 2012 (Application Deadline: April 2, 2012)
- Summer Testing Window July 16-August 31, 2012 (Application Deadline: July 2, 2012)
- Fall Testing Window October 22-December 7, 2012 (Application Deadline: October 9, 2012)

Mail Applications to:

Accreditation Council for Clinical Lipidology
ATTN: Certification Manager
6816 Southpoint Parkway, Suite 1000
Jacksonville, FL 32216

Questions:

Phone: 904.309.6250

E-Mail: tbrignoni@lipidboard.org

DOCUMENTATION CHECKLIST

Please attach the following documents to your fully completed application:

All Candidates:

- A copy of your professional license with current expiration date (if applicable)
- Curriculum vitae

Basic Eligibility Requirements:

Please supply documentation for one of the following:

- Proof that you received a minimum of a Bachelors degree from a college or university accredited by a nationally recognized regional accrediting body.
Documentation: Copy of diploma of highest degree earned and one letter of recommendation from an individual qualified to comment on your work and/or experience in the management of patients with dyslipidemias.

OR

- Proof that you received a Masters degree or higher from a college or university accredited by a nationally recognized regional accrediting body.
Documentation: Copy of diploma of highest degree earned and one letter of recommendation from an individual qualified to comment on your work and/or experience in the management of patients with dyslipidemias.

OR

- Those who must demonstrate 4,000 contact hours of clinical experience in the management of patients with lipid disorders or other related disorders must submit a thorough CV detailing experience and credentials. Copies of all certificates and diplomas must accompany this application.
Documentation: Two letters of recommendation from individuals qualified to comment on your work and/or experience in the management of patients with dyslipidemias and copies of certificates and diplomas claimed (as applicable)

Documentation Requirements to Verify Credit Hour Equivalents/Point Assignment:

- Copies of certificates
- Proof of relevant academic practice and faculty appointment at a recognized institution (*Letter from Department Chair or Division Chief at the ACGME recognized academic institution(s) confirming appointment(s) and relevance to lipid management.*)
- Documentation of clinical research and/or scholarly publications in the management of lipid disorders (*Please list and highlight all relevant scholarly, peer-reviewed publications in a WORD document or your CV.*)
- Documentation of successful completion of lipid focused continuing medical education obtained within the previous 5 Calendar years. *Complete the ACCL CE/CME Credit Tracking Form and attach copies of certificates of attendance for the CE/CME activities that you submit for points. The titles of the activities must be clearly identified. The Credentialing Committee will make the final determination on point assignments.*

Any CE/CME activity that is endorsed or sponsored by the National Lipid Association or a regional chapter (the Midwest, Northeast, Southeast, Southwest, or Pacific Lipid Associations) will be automatically accepted.

APPLICATION FOR EXAMINATION

Please select your preferred exam date:

- Spring Testing Window April 16-May 25, 2012 (Application Deadline: April 2, 2012)
- Summer Testing Window July 16-August 31, 2012 (Application Deadline: July 2, 2012)
- Fall Testing Window October 22-December 7, 2012 (Application Deadline: October 9, 2012)

First Name	MI	Last Name	Degrees
<input type="checkbox"/> Male <input type="checkbox"/> Female			

Date of Birth MM/DD/YYYY	Social Security Number (optional)
-----------------------------	-----------------------------------

Organization

Office Address

City	State	Zip
------	-------	-----

Office Phone	Office Fax
--------------	------------

E-Mail

Home Address

City	State	Zip
------	-------	-----

Home Phone	Home Fax
------------	----------

SEND MAIL TO: OFFICE HOME **YEARS IN CLINICAL PRACTICE:** _____

TYPE OF PRACTICE: Hospital Private Practice Group Practice Lipid Clinic Education Facility

Other (Specify) _____

PLEASE COMPLETE THE FOLLOWING AS APPLICABLE:

Doctoral Education

Institution	Location	From	To	Degree

Undergraduate/Graduate/Postgraduate Education and Training

Institution	Location	From	To	Degree

Present Academic Appointment(s)/Hospital Affiliation(s):

Title/Institution	Location

ELIGIBILITY CRITERIA

To become credentialed, candidates must meet the Basic Requirements and submit evidence that they have earned 200 credit hour equivalents/points through a combination of training and experience.

Please read the eligibility criteria in the Applicant Handbook and Documentation Checklist carefully to ensure that you meet the requirements and that your experience and training is documented appropriately.

Basic Requirements for All Candidates:

1. I reside in the US or Canada Yes No
2. I am a currently licensed:
 - Licensed PA
 - Licensed PharmD
 - Licensed NP/CNS
 - Licensed RN
 - Licensed RD (proof of registration required for states that do not require licensure)
 - ACSM Certified Exercise Specialist
 - ACSM Registered Clinical Exercise Physiologist

State(s) _____ License Number _____ Expiration Date _____

Documentation: A copy of your License, Registration or Certification must accompany the application.

3. I possess one of the following:

- BS/BA degree or higher in related health science and have 3,000 contact hours of demonstrated clinical experience in the management of patients with lipid disorders or other related disorders.
Documentation: Copy of diploma of highest degree earned and one letter of recommendation from an individual qualified to comment on your work and/or experience in the management of patients with dyslipidemias.

OR

- Masters degree or higher in a related health science and have 2,000 contact hours of demonstrated clinical experience in the management of patients with lipid disorders or other related disorders.
Documentation: Copy of diploma of highest degree earned and one letter of recommendation from an individual qualified to comment on your work and/or experience in the management of patients with dyslipidemias.

OTHER PROFESSIONALS

This pathway is for Allied Health Professionals who do not fit into any of the professions listed above or do not have licensure available for profession. These applicants must demonstrate 4,000 contact hours of clinical experience in the management of patients with lipid disorders or other related disorders. These applicants must submit a thorough CV detailing experience and credentials. Copies of all certificates and diplomas claimed must accompany this application. Physicians are not eligible to take this exam.

Documentation: Two letters of recommendation from individuals qualified to comment on your work and/or experience in the management of patients with dyslipidemias and copies of certificates and diplomas claimed (as applicable)

Training Requirements & Point Assignment:

Please check off each criterion that you have met and documented for the Credentialing Committee to consider for points.

Pharmacist Criteria	Points	Check here if Documentation Provided	Official Use Only
1. Certification in a recognized board (e.g., Board of Pharmaceutical Specialties [worth 50 points]) or advanced licensure recognized by the state OR other appropriate certificate programs (worth 10-50 points) <i>Documentation: Copy of certificates.</i>	50 points	} Max 100 Points	
2. Relevant accredited postgraduate training of at least 1 year (if not accounted for in basic requirements) OR higher education level (Post Baccalaureate, PharmD) <i>Documentation: Copy of certificates.</i>	50 points		
3. Relevant academic practice and faculty appointment at a recognized institution (i.e., relevant to lipid practice) <i>Documentation: Letter from Department Chair or Division Chief at the recognized academic institution(s) confirming appointment(s) and explaining relevance to lipid management.</i>	50 points		
4. Clinical research and/or scholarly publications in the management of lipid disorders <i>Documentation: Please list and highlight all relevant scholarly, peer-reviewed publications in a WORD document or on your CV.</i>	10 points per publication (up to 50 points)		
5. Balance of points not obtained in 1-4, must be earned through lipid focused continuing education credit obtained within the previous five calendar years. <i>Documentation: Complete the ACCL CE/CME Credit Tracking Form and attach copies of certificates of attendance for the CE activities that you submit for points. The titles of the activities must be clearly identified. The Credentialing Committee will make the final determination on point assignments.</i>	2 points per credit hour earned		
Nurse and Physician Assistant Criteria	Points	Check here if Documentation Provided	Official Use Only
1. Certification in a primary board (e.g. NCCPA, ANCC, AANP), or other appropriate certificate programs. <i>Documentation: Copy of certificates.</i>	50 points		
2. Higher education level: Doctoral Degree OR other relevant advanced training. <i>Documentation: Copy of certificates.</i>	50 points		
3. Relevant academic practice and faculty appointment at a recognized institution (i.e., relevant to lipid practice) <i>Documentation: Letter from Department Chair or Division Chief at the recognized academic institution(s) confirming appointment(s) and explaining relevance to lipid management.</i>	50 points		
4. Clinical research and/or scholarly publications in the management of lipid disorders <i>Documentation: Please list and highlight all relevant scholarly, peer-reviewed publications in a WORD document or on your CV.</i>	10 points per publication (up to 50 points)		
5. Balance of points not obtained in 1-4, must be earned through lipid focused continuing education credit obtained within the previous five calendar years. <i>Documentation: Complete the ACCL CE/CME Credit Tracking Form and attach copies of certificates of attendance for the CE activities that you submit for points. The titles of the activities must be clearly identified. The Credentialing Committee will make the final determination on point assignments.</i>	2 points per credit hour earned		

Dietitian and Exercise Physiologist/Specialist Criteria	Points	Check here if Document	Official Use Only
---	--------	------------------------	-------------------

		Provided	
1. Certification in Adult Weight Management from the ADA, certification from other relevant advanced training, including Certified Diabetes Educator or FADA, or other appropriate certificate programs <i>Documentation: Copy of certificates.</i>	50 points	} Max 100 Points	
2. Higher education level: Doctoral Degree OR other relevant advanced training. <i>Documentation: Copy of certificates.</i>	50 points		
3. Relevant academic practice and faculty appointment at a recognized institution (i.e., relevant to lipid practice) <i>Documentation: Letter from Department Chair or Division Chief at the recognized academic institution(s) confirming appointment(s) and explaining relevance to lipid management.</i>	50 points		
4. Clinical research and/or scholarly publications in the management of lipid disorders <i>Documentation: Please list and highlight all relevant scholarly, peer-reviewed publications in a WORD document or on your CV.</i>	10 points per publication (up to 50 points)		
5. Balance of points not obtained in 1-4, must be earned through lipid focused continuing education credit obtained within the previous five calendar years. <i>Documentation: Complete the ACCL CE/CME Credit Tracking Form and attach copies of certificates of attendance for the CE activities that you submit for points. The titles of the activities must be clearly identified. The Credentialing Committee will make the final determination on point assignments.</i>	2 points per credit hour earned		

PAYMENT INFORMATION

Credentialing Fee: \$120 + Examination Fee: \$376 = Total Fee: \$496*

A **one-time** \$ 120 nonrefundable credentialing fee is incurred upon receipt of the application by the ACCL, regardless of eligibility outcome. The Examination Fee will be refunded less the \$25 processing fee, if the applicant does not meet the eligibility requirements, does not submit a complete application in a timely fashion, or cancels (in writing) from the examination and certification process.

Payment must be made in full at the time of submission of application package.

Check/Money order (US funds) Check # _____

I authorize the Accreditation Council for Clinical Lipidology to charge my credentialing and examination fees to my credit car listed below.

Visa MasterCard American Express

Card Number _____ **Expiration Date** _____

Name as it appears on card: _____

Signature _____

VERIFICATION OF INFORMATION

I hereby certify that the information furnished is true and correct and that the ACCL is authorized to investigate and verify any representation made on this application. I agree to have my name and contact information posted on the ACCL website, if I am successful in passing the examination.

Signature _____ **Date** _____

SEND COMPLETE APPLICATION PACKAGES POSTMARKED BY APPLICATION DEADLINE TO:

Accreditation Council for Clinical Lipidology
ATTN: Certification Manager
6816 Southpoint Parkway, Suite 1000
Jacksonville, FL 32216
Phone: 904-309-6250
Fax : 904-998-0855

