



# ABPLM

American Board of Post-Acute and Long-Term Care Medicine, Inc.

10500 Little Patuxent Parkway  
Suite 210  
Columbia, MD 21044

**Please sign:** I hereby authorize ABPLM to send verification of my CMD certification as indicated on this form.

\_\_\_\_\_  
Print Name (First Name, MI, Last Name)

\_\_\_\_\_  
Signature

=====  
**List the employer/agency(s) to which verification should be sent.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail or Fax to which verification should be sent

E-mail, FAX, or mail your verification request to:

ABPLM Certification Verification  
[cmd@amda.com](mailto:cmd@amda.com)  
Fax: 888-249-6533  
10500 Little Patuxent Parkway  
Suite 210  
Columbia, MD 21044