

American Board of Certification in Medical Optometry Credentialing Release of Information Authorization

In order for the American Board of Certification in Medical Optometry (ABCMO) to access and verify my educational background and professional qualifications to determine my eligibility for its certification or renewal of said certification, I hereby authorize the ABCMO to make inquiries and consult with all persons, places of employment, educational facilities, State licensing boards, the National Practitioner Data Bank or similar government and non-governmental entities who have, or may have, information bearing on my moral, ethical and professional qualifications, experience and competence.

I consent to the release of such information about my ability and eligibility for certification in medical optometry and I authorize release of such information and copies of any related records and/or documents to ABCMO officials to include not only the requested information for verification but information concerning each lawsuit, civil action, or other claim brought against me for malpractice or negligence; each disciplinary action under consideration or taken, any open or previously concluded investigations; and any changes in the status of a credential and all supporting documentation related to the information provided.

I authorize the ABCMO to disclose to such persons, employers, institutions, boards or agencies my identity and other information about me sufficient to enable the ABCMO to make such inquiries.

I release from liability all those individuals and organizations who provide information to the ABCMO in good faith and without malice in response to such inquiries by ABCMO.

Name _____

Address _____

Email _____

Date _____

Signature _____