

## International Academy of Behavioral Medicine, Counseling and Psychotherapy, Inc.

6750 Hillcrest Plaza Drive, Suite 221 • Dallas, TX 75230-1425 USA
Phone: (972) 407-6833 • Fax: (214) 615-0291 • email: Info@IABMCP.org • www.IABMCP.org

## **Request To Reactivate My IABMCP Diplomate Status**

Name of Applicant		Date
Please com	p <b>lete the following</b> (if date or number is unkn	own, please estimate)
I am a forme	er Diplomate in the area(s) of:	
l was award	ed IABMCP Diplomate Status on:	, Certificate #_
I have dow	nloaded an application from the website and have enclosed the foll	
1) 2) 3) 4)	An Application, with the indicated items completed A current copy of my curriculum vitae/profession. A current copy of my license(s)  Reactivation fee in the amount of \$195.00	al resume
	Check or money order payable to IABM0 or Payment has been made online via cred	
	ame (and degrees, if desired) that should a	ppear on my certificate is

We look forward to your reactivating your Diplomate Status.

Return this completed form and supporting documents (listed above) and payment in the amount of \$195.00 payable to IABMCP in U.S. funds (unless payment has been made online via credit card) to:

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