Application for Certification

CSAM
Canadian Society of Addiction Medicine

SMCA
La société médicale canadienne sur l'addiction

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Why Get Certified?

Our unique certification program is designed to help Canadian physicians promote their knowledge, skill and commitment to treating addiction in their communities.

Inspire Confidence

Certification assures your patients and their families that you have the education, experience, and support you need to provide exceptional treatment for substance use disorders and process addictions.

Demonstrate Commitment

As part of your application, you will write a detailed personal statement outlining why you have chosen to pursue addiction medicine, and you will commit to ongoing efforts to advance the field of addiction medicine in Canada.

Maximize Your Visibility

CSAM-SMCA Certificants are listed on our website by city and province, easily found by patients and families. As a CSAM-SMCA member, you will be listed in our exclusive membership directory.

Questions about certification? Contact Becca Herbert at 403-638-6049 or by email at admin@csam-smca.org.

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Application for CSAM-SMCA Certification

The following form will walk you through the process of applying for CSAM-SMCA Certification. Please complete this form in its entirety, collect all of the required documentation, and submit the package to Becca Herbert via email at admin@csam-smca.org. Alternatively, application packages can be mailed to the Canadian Society of Addiction Medicine, 53 Sunlake Rd. SE, Calgary, Alberta, T2X 3G8.

First Name:

Last Name:

Street Address:

City:

Postal Code:

Phone:

Email:

CSAM-SCMA Certificants must hold a Canadian medical licence in good standing.

Please attach a copy of the medical licence with the application.

☐ I hold a Canadian medical licence in good standing.

Name of licencing authority:

CSAM-SCMA Certificants must demonstrate a comprehensive understanding of addiction medicine by completing one or more of the following:

Please attach a copy of proof for all.

☐ I have taken and passed the International Society of Addiction Medicine (ISAM) exam.

☐ I have taken and passed the American Board of Addiction Medicine (ABAM) exam.

☐ I have received a Certificate of Added Competence in Addiction Medicine from the Canadian College of Family Physicians.

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CSAM-SCMA Certificants must complete postgraduate medical training with certification from one of the following select institutions.

Please attach a copy of the medical training certificate with the application.

- ☐ I have completed my postgraduate training at the Collège des Médecins du Québec.
- ☐ I have completed my postgraduate training at the Royal College of Physicians and Surgeons of Canada.
- ☐ I have completed my postgraduate training at the College of Family Physicians of Canada.

CSAM-SCMA Certificants must hold a current membership with the society.

- ☐ I am a current member of CSAM-SMCA.
- ☐ I would like to become a member of CSAM-SMCA as part of my application.

CSAM-SCMA Certificants must provide two (2) reference letters from a member in good standing of CSAM, ISAM or ABAM.

Letters must be sent to CSAM-SCMA directly from the author, independent from the other documents submitted by the applicant. The letter must include:

- Reference name, title, email address and phone number;
- Relationship with the applicant;
- Duration for which you have known the applicant;
- A summary of the applicant's current professional status, medical practice, and involvement in the field of addiction medicine along with any relevant attributes.

The submission address may be found at the top of this application form. NOTE: There is no reference letter requirement if the applicant's date of ISAM or ABAM exam or receipt of CAC is within the last two (2) years.

- ☐ I confirm that two reference letters have or will be submitted to CSAM offices.
- ☐ I completed my exam/certification within the last two years.

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CSAM-SCMA Certificants must provide a personal statement.

In general, your personal statement should outline your experience in addiction medicine and explain why you are pursuing CSAM-SCMA Certification. In addition, the letter may include:

- Reasons why you believe you are a good candidate for Certification;
- A list of professional affiliations, job performance and educational credentials;
- Relevant qualities, traits and skills that might benefit the society;
- Reasons why you value CSAM-SMCA and the Certification program, including the benefits you hope to obtain as a Certificant, such as expanding a professional network, participating in community service opportunities, assisting with fund-raising efforts, promoting the organization or program through advertising or word of mouth, and serving as an officer or delegate to help with administration and recruitment.

☐ I have completed my personal statement and attached it to my application package.

CSAM-SCMA Certificants must submit an up-to-date Curriculum Vitae.

☐ I have updated my CV and attached it to my application package.

CSAM-SCMA Certificants must adhere to the following requirements for the duration of their certification:

- Maintain membership (i.e. status as good-standing) in the CSAM-SMCA;
- Participate in CSAM-related activities and/or other efforts to advance the field of addiction medicine in Canada;
- Consent to have their names on the CSAM-SMCA directory and web page.

☐ I understand and agree to adhere to these requirements.

If a candidate is unable to meet any of the above certification requirements please contact CSAM-SCMA for discussion. The application processing fee is $100. **Application deadline is July 31 of each year.** Applications are reviewed annually by the committee and awarded at the annual conference. You will be advised by August 30 if you are a successful candidate. CSAM-SMCA Certification is valid as long as the certificant continues to maintain and fulfil all of the requirements listed on this application.

I confirm that I have collected and submitted all of the required documents and hereby submit my application for CSAM-SMCA Certification.

Signature: **Date:**