



## **Initial Application for CMBI -State Medical Board Investigator Certification**

**General Information** – Please print. Enter full name as it should appear on the certificate.

Name:	
Board Affiliation:	
Title:	
Address:	
City, State, Zip:	
Phone:	Fax:
Email Address:	

**In order to achieve certification in this program, an Investigator shall meet the following qualifications:**

**Mandatory Requirements (one point each):**

- A. Minimum of two (2) years of experience working as a medical board investigator
- B. Completion of the three-day national AIM-FSMB Certified Medical Board Investigator (CMBI) Training Course. Attach a copy of your certificate of completion of the three-day AIM-FSMB CMBI training course to this application.

**Discretionary Requirements (one point each) – A minimum of three (3) points are required from the following:**

- A. Attendance at an AIM Annual Meeting
- B. Attendance at a FSMB Annual Meeting
- C. Experience points (1 point awarded for each three years of regulatory investigator/inspector experience and/or 1 point total for three years employment as a full time sworn law enforcement officer with investigative experience or a licensed medical professional with investigative experience)

D. Completion of a basic investigator training program (e.g., CLEAR NCIT Basic, or basic state/federal/military law enforcement training). A copy of the certificate must be provided with application.

E. Advanced national training; i.e., CLEAR NCIT Specialized, FBI, DEA, DOJ, FBINA, military academy training; Investigative training (Reed or Wicklander interrogations). A copy of the certificate must be provided with application.

F. College A.A., B.S. or Master’s degree awarding prior to certification in related field

*NOTE: Points shall only be counted for one certification or recertification (cannot double count)*

**Initial Certification** is based on a combination of education and experience that includes the mandatory and discretionary requirements noted above. A minimum total of 5 points is required for certification (two points must be from the mandatory requirements and a minimum of three points from the discretionary requirements).

**Points Claimed**

		Year / City	Points Claimed
	<p><b>MANDATORY - Medical Board Experience</b>  <b>Minimum of 2 years medical board investigator experience.</b>    <input type="checkbox"/>Yes    <input type="checkbox"/>No</p> <p>_____ Date of Hire with Current Medical Board Employment as an Investigator</p> <p>_____ Dates of Employment with Previous Medical Board Employment as an Investigator</p>		
	<p><b>MANDATORY - AIM- FSMB National CMBI Training Course – Required</b> –Attach a copy of your certificate of completion</p>		
<b>A.</b>	<p><b>Attendance at an AIM Annual Meeting</b>            (No year prior to 2009 will be accepted.)</p>		
<b>B.</b>	<p><b>Attendance at a FSMB Annual Meeting</b>            (No year prior to 2009 will be accepted.)</p>		
<b>C.</b>	<p><b>Experience points</b> (1 point awarded for each three (3) years of regulatory investigator/inspector experience and/or 1 point total for three (3) years employment as a full time sworn law enforcement officer with investigative experience)</p>		
<b>D.</b>	<p><b>Basic Investigator Training Program</b> – One point awarded for completion of CLEAR NCIT Basic, or a basic state, federal, or military law enforcement training</p>		

E.	<b>Advanced National Training;</b> i.e., CLEAR NCIT Specialized, FBI, DEA, DOJ, FBINA, military academy training; Investigative training (Reed or Wicklander interrogations) A copy of the certificate must be provided with application		
F.	<b>College A.A., B.S. or Master’s Degree awarding prior to certification in related field</b>		
		Total Points	

**Applicant Statement**

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Board Endorsement – This application must be endorsed by the Board Executive.**

I hereby endorse and support this application for certification submitted by this Investigator who is assigned to the Board identified in the application.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make sure you attached a copy of your AIM/FSMB CMBI Training Course Completion Certificate.**

**Please Note:** Individuals applying for initial certification are responsible for providing acceptable documentation as required. Applicants can expect to receive notification of status of the application within 60 days of submission. Application information is subject to verification and review prior to certification. Incomplete applications will be returned.

**Please mail the completed application to:  
AIM  
Attn: CMBI Certification  
1500 Sunday Drive, Suite 102  
Raleigh, NC 27607**