



GLOBAL EXCELLENCE IN ADDICTION MEDICINE

APPLICATION FORM 2026

Name: _____

Degrees: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Exam Requested	Exam Location	Exam Date	Application Deadline
	Online only	Sept 19, 2026	Aug 1, 2026

The examination is composed of 225 multiple choice questions testing knowledge and some clinical judgment. The exam will take 4 ½ hours and will be administered in two parts (2 hrs 15 min each) with a 15 min health break in between and will be proctored by two faculties, one external and one local. For more info please check www.isamweb.org Results will be sent within a month.

Please send documentation by email to isam.mdorozio@gmail.com or mail to 2638 – 30 Street SW, Calgary AB T3E2M2

1. Copy of Graduation Certificate from a medical school recognized by the World Health Organization
2. Copy of a license to practice medicine (Valid at the time of application and examination) in a given licensing jurisdiction (national, region).
3. Three Reference/Recommendation letters to attest to good standing in the medical community:
 - Two letters from *physicians* who have known the applicant for at least two (2) years and are acquainted with the applicant's current professional status, medical practice, and involvement in the field of addiction medicine.
 - One letter of reference **if possible** from a current ISAM member or **if not possible** a member of the Executive of your National Society or a senior practitioner from your institute/organization who can attest to or verify the physicians' good standing in the medical community.
4. Current Curriculum Vitae/resume with photo documenting:
 - A substantial portion of medical practice experience in the addiction field. Or completion of a 1-year Fellowship in Addiction Medicine would be accepted in lieu of this.
 - List of Continuing Education (conferences, workshops, courses) over the past three years.

DOCUMENTS to be sent online

Fee Payment: \$1100 US for ISAM members and affiliates; \$1200 US for non-members Pay online at ISAMWEB.org/Events/Exam Dates and scroll down to Registration or mail US money order to 2638 – 30 Street SW Calgary T3E 2M2 Canada - payable to the International Society of Addiction Medicine

Retake fee: \$500 US

(Affiliate Societies/Organizations: Addiction Medicine Association of Malaysia, Addiction Psychiatry Society of India, American Academy of Addiction Psychiatry, American Society of Addiction Medicine –, Argentine Society of Addiction Medicine, Association Marocaine D'Addictologie, Australasian Chapter of Addiction Medicine (AChAM) – RACP, Brazilian Association of Studies on Alcohol & other drugs, Canadian Society of Addiction Medicine, Egyptian Psychiatric Association, European Opiate Addiction Treatment Association – EUROPAD, Federation Francaise d'Addictologie, Finnish Society of Addiction Medicine, Greek Organization Against Drugs, Icelandic Society of Alcoholism & other Addictions, Indonesian Psychiatrist Organisation, Institut Deferatif des Addictions Comportementales, Iranian Institute for Science and Technology of Addiction, Israeli Society in Addiction Medicine, Japanese Society of Alcohol-Related Problems, Korean Academy of Addiction Psychiatry, Lithuanian Association of Addiction Psychiatry, Maltese Foundation for Social Welfare Services, National Addictions Management Service of Singapore, National Rehabilitation Center, Nederland Society for Addiction Medicine, Nigerian Society of Addiction Medicine, Philippine Addiction Sciences Society, Portuguese Association of Addiction Medicine, Royal Australian and New Zealand College of Psychiatrists: Addiction Faculty – RANZCP, Societe Tunisienne d'Addictologie, Swiss Society in Addiction Medicine, Turkiye Addiction Psychiatry Association).

PLEASE NOTE: Rejected/canceled applications will be refunded minus a \$200 US processing fee.

ISAM

Disclaimer – PLEASE SIGN AND RETURN WITH APPLICATION

Because the International Society of Addiction Medicine [ISAM] is responsible for ensuring the integrity of the credentials awarded, the Editorial Board has adopted a set of accountability standards related to the certification process. These standards exist to protect the public from those who seek to misrepresent their qualifications or their status as credentialed practitioners. All individuals applying to, or certified by, ISAM must comply with these standards.

APPLICANT CONSENT STATEMENT

I understand that ISAM reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application or revocation of my certification. I authorize ISAM's officers and assigned examiners (the "designated parties") to review my application to determine whether I have met ISAM's standards for certification. I agree to cooperate promptly and fully in any review of my certification by ISAM, including submitting such documentation and information deemed necessary to confirm the information in my application. I indemnify and hold harmless ISAM and its designated parties from the decision made on my application so long as such decision was made in good faith and does not constitute gross negligence by ISAM or its designated parties.

I understand and agree that ISAM may deny my eligibility to take the ISAM International Certification Exam if any part of my application is incomplete or illegible, documented information does not meet the necessary requirements or the application does not include the correct fees.

I understand that I am to report to the testing location at least 20 (twenty) minutes prior to the examination starting time. I understand and agree that I may not be permitted to enter the testing area if I arrive late for the examination and that I will not be granted additional time to complete the examination if I arrive late and am permitted to enter the testing area.

I understand that the decision of the examining Board is final and that there is no appeal process for my score.

I understand that the information relating to the certification process may be used for statistical purposes and for evaluation. I further understand that the information for certification records will be treated confidentially.

I understand that if certified, my name will become part of a registry and may be released for verification.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

Signature

Print Name

Date