



The National Board of Medication Therapy Management (NBMTM) believes that clear evidence of having met its direct practice experience requirement is as critical to demonstrating competence as is successful completion of its examination. Only those who are able to conclusively demonstrate having achieved 2 years of MTM experience in the upper extremity are permitted to sit for the BCMTMS™ examination.

It is the responsibility of the candidate to substantiate having met NBMTM's direct practice experience component to the satisfaction of NBMTM before NBMTM may determine whether a candidate is eligible to sit for the certification examination.

The Employment Verification Form must be returned, signed by your employer or supervisor. A pharmacist who is self-employed, or who was self-employed during any time, is permitted to sign the form; however, any self-verification must include as an attachment proof of ownership/partnership in a private practice such as a business license (e.g. pharmacy license or NCPDP registration) or partnership agreement (e.g. contract with Mirixa or OutcomesMTM).

A pharmacist who is unable to obtain verification may use this form to self-certify, however, inaccurate or false representation may lead to penalties including, but not limited to, revocation or denial of certification, recertification, or eligibility for certification.

Employment Verification Form for BCMTMS™ Candidates

BCMTMS™ Examination

Note to Employer: You are being asked to complete this form for an employee or former employee who is a candidate for the BCMTMS™ Examination. Each candidate must document **2 years of direct practice experience** in medication therapy management. Please complete this form and return to the candidate so it can be included in the application packet. If you have any questions, please contact the National Board of Medication Therapy Management, at (202) 831-0033. Thank you for your assistance.

Please Print Clearly or Type:

Candidate's Name Candidate's Job Title

Facility Where Experience was Acquired

Address City/State/Zip Code

This employment represents: _____ years of MTM experience acquired
between _____ and _____ .

By signing below, I certify that the information listed here are true and correct to the best of my knowledge and that I have personally verified them for accuracy. I am aware that my inaccurate or false representation may lead to penalties, including, but not limited to, NBMTM's refusal to accept further verification from me.

For Self-Verification: In addition, I understand that if I am the candidate listed above and signing this form because I am in private practice, or I am unable to obtain verification of my employment, my inaccurate or false representation may lead to penalties including, but not limited to, revocation or denial of my certification, recertification, or eligibility for certification.

Signature Date

Name Title

Work Address City/State/Province

Telephone/Ext. Relationship to Candidate

Please Note:

- Candidates should submit only as many forms as needed to verify 2 years of MTM experience.
- This form may be duplicated if needed for more than one employer.
- Candidates in private practice may sign their own form. Proof of ownership/partnership in a private practice is required.
- This form is to be used only by BCMTMS™ Initial Certification; it should not be used for Recertification.