# Medical Toxicology LLSA Reading Submission Form

Please attach a copy of this form with a paper copy of each recommended reading to the address or fax number below. Typewritten or computer-printed submissions are recommended. This form can also be downloaded from the ABEM website www.abem.org under the "Subspecialty Certification" tab.

**MAIL:** **Medical Toxicology LLSA References**
**American Board of Emergency Medicine**
**3000 Coolidge Road**
**East Lansing, MI 48823-6319**

**FAX: 517.332.3943**

Name _____
Mailing Address _____
_____
_____

Phone _____ E-mail _____

## RECOMMENDED REFERENCE

*Please provide the following information for each reference, and completely write out article titles, journal names, etc. Please do not use abbreviations.*

Complete Title _____

Author(s) Name _____

Name of Publication _____

Publication Date (mo/yr) _____ Pages _____

Reference Type (✓)
- ❑ Journal
  volume number _____
- ❑ Textbook
  edition _____
- ❑ Other
  please specify _____

Content Category (✓)
- ❑ 2011 Defined Core Content Category
  ***2.3- Toxins and Toxicants: Natural Products***
  ***4.0- Assessment and Population Health***
- ❑ *Other (Non-defined Category)*