



AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS
EXAM REGISTRATION FORM ~Please Complete All Pages of Application

The American Board of Independent Medical Examiners (ABIME) requests careful and thorough completion of this application form. Incomplete applications or errors will result in delay and possible disqualification. **Applications MUST BE COMPLETED LEGIBLY and mailed or faxed to 304-733-5243.** Completed application, supporting documentation as outlined below and payment of examination fee must arrive in the ABIME office *no later than 2 weeks before the exam date* listed to guarantee exam registration.

Documentation required with the Application

Your file must be complete in order to receive exam results. The following items are required to complete your file:

1. Photocopy of medical degree or relevant diploma and current, and unrestricted medical license(s)/practitioner registration for the state/province/territory in which you practice and, if applicable, proof of ABMS Board Certification or other specialty certification.
2. Photocopy of a certificate of completion from an approved impairment and disability training program with at least 15 hours of continuing medical education.
3. Two passport size photos & Current Curriculum Vitae.

Last Name: _____ First Name: _____ Middle Initial: _____

Medical School: _____ City/State: _____

Graduation Date (M/Y): ____/____ Degree(s) (please circle): MD ó DO ó MB ó DC ó Other: _____

Professional License Issuing State, Territory or Province: _____ Lic. #: _____ Exp. Date: _____

Specialties: _____

Company (if applicable): _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Phone: (____) _____ Fax: (____) _____ E-Mail Address: _____

Please print your name, including credentials, as you would like it to appear on your certificate:

U.S. Social Security Number/Canadian Insurance Number (if applicable): ____ - ____ - ____

Please indicate the date and location of the exam for which you are applying:

Examination Date: _____ City/State: _____

Exam Payment - \$950 US Funds:

- Payment by Check: Please make payable to **ABIME**
- Payment by Credit Card: Visa MasterCard Amex Discover

Card Number: _____ Expiration Date: ____/____ Verification Code: _____

Signature: _____ Date: _____

EXAM REFUND POLICY: (Please read carefully as registering for any ABIME event constitutes your acknowledgement of the following)

*Please take notice that for the ABIME exam the fee is **non-refundable** after it is paid and can only be transferred to another exam location within the same calendar year. NO Substitutions are permitted. **NO Exceptions Allowed.** ABIME and its affiliates reserve the right to cancel or modify any activity for any reason with maximum liability of refund only of educational fees paid. ABIME and its affiliates hereby expressly disclaim any liability for damages incidental to or resulting from any cancellation or modification of any event. The laws of the state of West Virginia shall govern any disputes arising out of this agreement and venue shall lie exclusively in Cabell County, WV.*

ABIME Examinee Agreement:

In making this application for American Board of Independent Medical examiners (ABIME) certification exam and in consideration of its review and/or acceptance by the ABIME, I hereby agree to accept and be bound by all the terms and conditions governing ABIME exam and certification process, CIME™ status or CICE™ status (should I pass the exam) as well as ABIME guidelines of conduct and with established examination administrative procedures and policies including the refund policy of ABIME as well as the Exam Agreement and General Instructions (all of which are available at www.abime.org), as they now exist and as they may be amended from time to time in the future.

In further consideration of acceptance of my exam application by ABIME for CIME™ status or CICE™ status, I hereby further agree:

1. To indemnify and hold harmless the ABIME and each of its members of board of directors, trustees, officers, agents, employees and examiners, individually and collectively, from and against any claim or liability arising out of any act or omission related to or arising out of (a) the processing of this application, (b) the examination or the grading of it, or (c) the granting or failure to grant certification, recertification or CIME™ status or CICE™ status;
2. That I will not receive and am not entitled to review my exam book or answer sheet once I have submitted them to ABIME after the exam. Nor would I demand or cause to demand on my behalf to receive or review my exam book or answer sheet or my exam grade or a copy of the exam report or related documents or to know of its contents, and I further understand that the contents of my exam report are confidential. I also agree that I would receive my exam result only in pass or fail grade and that the ABIME is the final arbiter of my exam results and its decision regarding my exam result shall be final and binding on me;
3. That any certificate of CIME™ status or CICE™ status or any diplomate status issued to me shall be and shall remain the property of the ABIME and that I shall promptly return the certificate to the ABIME in the event my status as a CIME™ is terminated, either voluntarily or by action of ABIME or when it expires as stated on the certificate;
4. That the CIME™ status or CICE™ status or any ABIME granted diplomate status is not for life and is therefore time limited and I hereby pledge to continue re-certification of the CIME™ status or CICE™ status as prescribed by ABIME every five years; If I fail to do so, I promise to refrain from using or displaying the CIME™ status or CICE™ status with my name. I further agree that after expiry of my CIME™ status or CICE™ status and without recertification; my continuing use of the CIME™ status or CICE™ status or any diplomate status shall constitute professional dishonesty and a breach of ABIME code of conduct;
5. That I am obligated to inform the ABIME immediately of any change in my status as described in this application occurring after its submission, and I understand that my failure to so inform the Board is grounds for my disqualification as a candidate for examination or as a CIME™ status or CICE™ status or any ABIME granted diplomate status, if I am recertified;
6. That my name, along with names of all doctors certified with CIME™ status or CICE™ status or any ABIME granted diplomate status of the American Board of Independent Medical examiners will be published in ABIME's *Board of registry international Directory of certified Specialists*, and will be posted on and the ABIME web site (www.theABIME.org). I understand that this information is available to the public;
7. This application for ABIME exam and in consideration thereof the resulting agreement entered into as above between myself and ABIME shall be governed by and construed in accordance with the laws of the State of West Virginia, regardless of the law that might otherwise govern under applicable principles of conflicts of laws thereof. The parties further agree that any suit, action or proceeding arising out of, or with respect to, this agreement, or any judgment entered by any court in respect thereof shall be brought in the courts of the State of West Virginia and venue shall lie exclusively in Cabell County, West Virginia.
8. I warrant that each of the statements made in support of this application are true and correct.

I hereby authorize ABIME to request information from organizations referred to in this application, and to verify academic and/or clinical training and licensure deemed necessary to make a determination of my eligibility.

Applicant's Signature: _____ ***Date:*** _____

Exam Application Reviewed by ABIME: Initial: _____ ***Date:*** _____

Approval of Exam Application by ABIME: Signature: _____ ***Date:*** _____

ABIME Guidelines of Conduct:

Each doctor certified by the American Board of Independent Medical Examiners (ABIME) has agreed to comply with these guidelines of conduct:

Physicians should:

1. Be honest in all relevant communications;
2. Respect the rights of the examinees and treat them with dignity and respect;
3. At the medical examination:
 - a. Introduce himself/herself to the examinee as the examining physician;
 - b. Advise the examinee they are seeing him/her for an independent medical examination, and the information provided will be used in the assessment and presented in a report;
 - c. Provide the examinee with the name of the party requesting the examination, if requested;
 - d. Advise the examinee that no treating physician-patient relationship will be established;
 - e. Explain the examination procedure;
 - f. Provide adequate draping and privacy if the examinee needs to remove clothing for the examination;
 - g. Refrain from derogatory comments; and
 - h. Close the examination by telling the examinee that the examination is over and ask if there is further information the examinee would like to add.
4. Reach conclusions that are based on facts and sound medical knowledge and for which the examiner has adequate qualifications to address;
5. Be prepared to address conflict in a professional and constructive manner;
6. Never accept a fee for services which are dependent upon writing a report favorable to the referral service;
7. Maintain confidentiality consistent with the applicable legal jurisdiction.

After completing all pages of this application, include payment and mail or fax, along with a copy of your Current and Unrestricted Medical License and Current Curriculum Vitae to:

**ABIME at 6470-A Merritts Creek Road, Huntington, WV 25702
Call (877) 523-1415 or (304) 733-0095; Fax (304) 733-5243;
Email us at info@abime.org **OR** Visit our website at www.abime.org**

ABIME National Directory Survey

Survey answers are used for the ABIME National Directory Listing of each physician.

1. Number of Years of Residency Training: _____
2. Number of Years of Medical Practice: _____
(Minimum 5 years of practice required; however, if ABMS Board Certified, this requirement may be waived.
Please provide proof of ABMS Board Certification.)
3. Years Experience in Performing Impairment and Disability Evaluations: _____
4. Approximate Number of Examinations You Have Performed: _____
5. Number of Times Deposed: _____
6. Additional Degrees in Health-Related Fields (E.G., M.P.H., Phd., Or Other):

7. Other Training in Impairment and Disability Evaluation:

8. Total Hours of AMA Category 1 CME training on impairment & disability evaluation completed within the past three years: _____
9. ABMS Board Certifications (proof must be submitted in order to list as Board Certified in the Directory): _____
10. Memberships in Specialty Organizations:

11. Office Manager/Office Contact:
Name: _____ Phone: _____
E-mail: _____ Fax: _____

I Hereby Authorize ABIME To Request Information From Organizations Referred To In This Application, And To Verify Academic And/Or Clinical Training And Licensure Deemed Necessary.

Signature: _____ **Date:** _____

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Email us at info@abime.org OR Visit our website at www.abime.org



Examinee Agreement and General Instructions

In consideration for admission to this examination, I agree to abide by the following statements and/or instructions regarding my ABIME certification exam held on _____:

1. Once the examination has begun, it must be completed. If for any reason (illness, etc.), the examination is not completed, no score, partial or otherwise, will be reported, and examination performance will be voided. In such cases, NO refund, partial or otherwise, of the examination fee will be given.
2. The examination booklet and answer sheet are the sole property of the American Board of Independent Medical Examiners. The materials have NOT been available for review to the examinee prior to this examination and will NOT be available for review after returning the examination booklet and answer sheet. The ABIME is the final arbiter of my exam results and its decision regarding my exam result shall be final and binding on me.
3. Examinees will NOT be permitted to use written notes or make written notes of the contents of the examination booklets. Scratch paper is prohibited. You may make calculations on the exam booklet.
4. During the examination, tables must be clear, except for examination booklets, answer sheets, and pencils. Water is NOT permitted on the table, but may be consumed at the rear of the room.
5. Communication between examinees is NOT permitted during the examination (inside or outside) the test room.
6. The proctors are authorized to serve as agents of ABIME during the examination to maintain a secure and proper exam, and as such, they may relocate any candidate before or during the examination. The chief proctor's decision in any and all matters during the exam shall be final.
7. An examinee risks failing the entire examination if instructions are not followed.
8. I acknowledge that I have read and am aware of the contents of the relevant ABIME policies, exam procedures and Code of conduct and hereby agree to abide by them. I hereby release, discharge, and exonerate ABIME, its officers, agents, representatives, employees and/or any affiliate thereof from any and all liabilities of every nature and kind arising out of ABIME's administration of this examination to me. The laws of the state of West Virginia shall govern any disputes arising out of this agreement and venue shall lie exclusively in Cabell County, WV.

Signature: _____

Print Name: _____

Date: _____