



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 – DO – MB – DC – 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 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 Please.** 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.*

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; and
7. Maintain confidentiality consistent with the applicable legal jurisdiction.

ABIME Release Statement:

In connection with this application, I enclose herewith the examination fee and wish to be registered for the American Board of Independent Medical Examiners (ABIME) upcoming exam as indicated with this application. I agree to comply with established examination administrative procedures and policies including the refund policy of ABIME.

I further agree (i) to indemnify and hold harmless each and all of the members, trustees, officers, examiners and agents of ABIME from and against any liability whatsoever in law or in equity with respect to any act or omission in connection with this application, such examination, the grades given upon such examination, and/or granting or issuance of or failure to grant or issue a certificate; and (ii) that any certificate which may be granted and issued shall be and remain the property of the American Board of Independent Medical Examiners. I acknowledge that as a candidate for the ABIME certification, I am under the obligation to inform the American Board of Independent Medical Examiners of any change in material eligibility status subsequent to the submission of this application.

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.

More over, my signature below is an affirmative that I agree to abide by the Polices, Procedures and the ABIME Guidelines of Conduct:

Signature: _____ ***Date:*** _____

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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