

AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS
NON-DOCTOR EXAM REGISTRATION FORM ~PROFICIENCY IN AMA GUIDES CERTIFICATE

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 to be submitted with the Application

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

1. Please attach **two passport size photos (mailed to us), certificate of completion or proof of registration from an approved AMA Guides training program, and a copy of current curriculum vita.**

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

Degree(s) : _____ AMA Guides Courses Attended: _____

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: _____

Please check the AMA Guides Exam Version(s) that you wish to take: **4th Ed.** **5th Ed.** **6th Ed.**

(You may sit for more than one version of the Exam by checking more than one box above, however each exam version cost will be US\$ 350 each)

Exam Payment - \$350 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: _____

REFUND POLICY: (Please read carefully as registering for an 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 for a \$100.00 fee to another exam location within the same calendar year. **NO Exceptions Please.** ABIME and its affiliates reserve the right to cancel or modify any educational 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 Release Statement:

In connection with this application, I enclose herewith the examination fee and wish to be registered for the 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 agree and acknowledge that this AMA Proficiency exam is for non-physicians and passing the exam and resulting AMA Guides Proficiency Certificate would not qualify me for CIME or CICE designation/status, and ABIME shall charge a Certificate Production & Shipping **Fee of \$100** that may be discounted by 50% if I become ABIME Board of Registry (BOR) Member.

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 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.

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