

AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS
EXAM APPLICATION FORM ~Please Complete & Sign 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 & payment of exam fee must arrive in the ABIME office before exam results can be released to the candidate.

Documentation required with the Application

Your file must be complete in order to receive exam results. The following documents 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 ABIME approved impairment and disability training program with at least 15 hours of continuing medical education. (After attending the ABIME training program you will receive a certificate of attendance and are then eligible to sit for the ABIME Certification Exam. Both training and exam can be done at the same ABIME training program.)
3. Two passport size photos (mailed to us) & 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 check the box and initial if you do not want to include the above information in ABIME's Public Directory _____

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

(You may sit for more than one Exam version by checking more than one box above, however each exam version would be at the cost of US\$ 995 each)

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

Examination Date: _____ City/State: _____

Exam Fee - \$995 US per exam version: Number of Exams ____ X US\$ 995 = _____

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 ABIME Exam constitutes your acknowledgement and acceptance 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 for a \$100.00 fee 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 including but not limited to any and all of CIME™, CICE™ or MCIME™ designation rules (should I pass the exam and or receive the designation of CIME™, CICE™ or MCIME™ from ABIME), as well as ABIME Code of Professional Responsibility 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™, CICE™ or MCIME™ designation, I hereby further agree to the following:

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™, CICE™ or MCIME™ designation;

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™, CICE™ or MCIME™ designation or any diplomat designation 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 designation as a CIME™, CICE™ or MCIME™ is terminated, either voluntarily or by action of ABIME or when it expires as stated on the certificate and ABIME shall charge a diploma production & shipping **fee of \$200**;

4. That the CIME™, CICE™ or MCIME™ designation or **any ABIME granted diplomat designation is not for life** and is therefore time limited and I hereby pledge to continue re-certification of the CIME™, CICE™ or MCIME™ designation as prescribed by ABIME every **five years**; If I fail to do so, I promise to refrain from using, displaying or advertising or cause others to advertise in any media the CIME™, CICE™ or MCIME™ designation with my name. I further agree that after expiry of my CIME™, CICE™ or MCIME™ designation and without recertification; my continuing use of the CIME™, CICE™ or MCIME™ designation or any ABIME diplomat designation 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 professional status as described in this application occurring after its submission including but not limited to any action against my professional registration and or license by any jurisdiction, organization, institution or any professional organization, and I understand that my failure to so inform ABIME is grounds for my disqualification as a candidate for examination or as a CIME™, CICE™ or MCIME™ designation or any ABIME granted diplomat designation, if I am recertified;

6. That my name, along with names of all doctors certified with CIME™, CICE™ or MCIME™ designation or any ABIME granted diplomat designation of the American Board of Independent Medical examiners will be published in ABIME's *Board of Registry International Directory of Certified Specialists*, provided that I continue to be in good standing with ABIME; such information will be posted on the ABIME website (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, correct & I enter into this agreement voluntarily.

9. I acknowledge that my personal information will be accessed, used and otherwise processed in accordance with the ABIME's Data User Privacy Policy and the ACIME's Privacy Policy.

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:** _____

Print Your Name: _____

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

ABIME Code of Professional Responsibility:

Each doctor certified by the American Board of Independent Medical Examiners (ABIME) has agreed to comply with the following Code of Professional Responsibility:

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 or email, along with a copy of your Current and Unrestricted Medical License or Registration and Current Curriculum Vitae and other required documents to:

**ABIME at 6470-A Merritts Creek Road, Huntington, WV 25702
Call (304) 733-0095 or (304) 733-0096; 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 or Post-Doctoral Training: _____
2. Number of Years of Medical Practice: _____
(Minimum 5 years of practice required; however, if ABMS Board Certified or Member of a Specialty College or Holder of a Specialty Certificate from an accredited institute, this requirement may be waived.)
3. Years Experience in Performing Impairment and Disability Evaluations: _____
4. Approximate Number of IME/Disability Examinations You Have Performed: _____
5. Number of Times Testified in Court or via Deposition: _____
6. Additional Degrees in Health-Related Fields (for example: M.P.H., PhD., JD, 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. Your 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. I further authorize and hereby consent to publication of my information at ABIME's discretion.

Signature: _____ **Date:** _____

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