

The American Board of Oral and Maxillofacial Pathology
 Certification Maintenance Examination Registration Form
 (Must be postmarked or emailed by February 1 of the year you intend to take the exam)

Once you have finished entering your CM Information at www.abomp.org, please complete, print, sign, and return this form to the ABOMP by post, if including a check, or with proof of credit card payment scanned to clarita@abpath.org.

I will take the exam at this year's AAOMP meeting.

I will take the exam remotely during the 2-week window of opportunity that starts on the day the exam is given at the AAOMP meeting.

PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____

Primary Mailing Address: If hospital or medical center, include name of institution

Address 1: _____

Address 2: _____

City _____ State _____ Zip Code _____ Country (if not USA) _____

Telephone number _____ email address _____

Signature _____

Your signature indicates that you have read, understand, and agree to the behavioral guidelines found here. (link on "here")

If successful in The American Board of Oral and Maxillofacial Pathology certification maintenance examination, please print your name on the line below as you wish to have it inscribed on your certificate, including any dental degree notations such as D.D.S. Degree notations that are not verified by the Board, such as Ph.D., will not be inscribed.

OFFICE USE
Application Processing and Results

Date Registration Form and Payment Received:			
Approved/ Not Approved	Comments	Reviewer's Name	Date
Action of the Credentials Committee			
Pass/Fail	Comments	Signature	Date
Date Certificate Mailed:			

