



# THE AMERICAN BOARD OF ORAL & MAXILLOFACIAL PATHOLOGY

## EXAMINATION REGISTRATION FORM

### FIRST TIME APPLICANTS:

**THIS FORM MUST BE RECEIVED WITHIN 30 DAYS AFTER NOTIFICATION OF APPROVAL.**

- I wish to take this year's examination.
- I will not be taking this year's examination.

### ALL OTHER CANDIDATES:

**THE FINAL FILING DATE FOR THIS FORM IS 1 JUNE.**

I wish to register for the ABOMP certifying examination for the year: \_\_\_\_\_.

- I have a current application on file and have never sat for the examination.
- I have a current application on file and wish to retake the examination. (Remember to enclose the \$1,000 re-examination fee.)

<b>Physician's name:</b>		
<b>Institution (optional; use only if we are to mail to this institution):</b>		
<b>Street and number:</b>		
<b>Street and number (line 2, optional):</b>		
<b>City:</b>	<b>State abbrev.:</b>	<b>Zip code:</b>
<b>Daytime telephone:</b>		
<b>If successful in the certifying examination, I would like to have my name inscribed on my certificate as:</b>		

RETURN THIS FORM TO: The American Board of Oral & Maxillofacial Pathology  
One Urban Centre, Suite 690  
4830 W. Kennedy Boulevard  
Tampa, Florida 33609-2518

QUESTIONS: Clarita Scioscia  
TDAC Coordinator, The American Board of Pathology  
Executive Director  
The American Board of Oral & Maxillofacial Pathology  
(813) 286-2444 x 230