

# 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](http://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](mailto: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](#).

If successful in the CM examination, please indicate how you wish your name to be inscribed on your certificate, including any degree notations such as D.D.S. \_\_\_\_\_

### OFFICE USE

#### Application Processing and Results

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