

AMERICAN BOARD OF MEDICAL GENETICS

9650 Rockville Pike ■ Bethesda, MD 20814-3998 ■ (301) 634-7315 ■ Fax (301) 634-7320

2009 CERTIFICATION EXAMINATION PROGRAM Application Fee Prepayment and Password Request Form

First Name: _____ M.I.: _____ Last Name: _____ Degree: _____

Address: _____

Telephone: _____ Social Security Number: _____

*E-mail: _____

*On receipt of your completed and signed forms, together with the relevant fees, **ABMG will contact you via e-mail** to provide you with an examination application number, a private password, and the web address for you to access the online application form, logbook, verification of training and recommendation forms.

INDICATE SPECIALTY EXAMINATION(S) FOR WHICH YOU ARE APPLYING:

The general examination is required of all applicants except for diplomates certified in the previous cycle.

- MD Clinical Genetics Clinical Cytogenetics
 Clinical Biochemical Genetics Clinical Molecular Genetics

Subspecialty: Medical Biochemical Genetics (must be certified in Clinical Genetics)

APPLICANT STATUS: If you do not fit into one of the above categories, please attach an explanation on a separate sheet of paper.

- Are you a New Applicant? Yes No
- Are you a Re-Examinee within one cycle/failed to achieve certification in 2007? Yes No
- Are you a Re-Examinee needing additional training/failed to achieve certification in two cycles? Yes No
- Are you an ABMG Diplomate requesting additional specialty? Yes No

APPLICATION REVIEW FEES are nonrefundable:

- \$600 is enclosed for 1 specialty
 \$650 is enclosed for 2 specialties
 \$700 is enclosed for 3 specialties
 \$400 for re-examinee within one cycle
 \$250 late fee (in addition to the application review fee required for applications postmarked between 11/29/08-12/31/08)

Checks must be payable in US funds to the American Board of Medical Genetics. A charge of \$50 will be made whenever a check is returned for non-payment.

Complete only if remitting fees by credit card: Please charge my: MASTERCARD VISA
This charge will appear on your statement as **ABMG**.

Credit Card Number: _____ - _____ - _____ - _____ [_____] *
*Supply final 3 digits found on reverse of card

Expiration Date: _____ Amount to be charged \$ _____
Month/Year

Name as it appears on the card: _____

Address where the credit card bill is received: _____

This form must be accompanied by the **Notarized Application Statement**. If you have any questions, please contact the ABMG Administrative Office via e-mail at abmg@abmg.org.

Signature: _____

Date: _____

**AMERICAN BOARD OF MEDICAL GENETICS ("ABMG")
NOTARIZED APPLICATION STATEMENTS**

Please read the following statements carefully and indicate your understanding and agreement by signing below:

1. I hereby apply to the American Board of Medical Genetics ("ABMG" or the "Board") for Active Candidate Status and for examination by the Board and issuance to me of a certificate as a diplomate in accordance with and subject to the procedures and regulations of the ABMG. I have read and understand the rules and procedures pertaining to the 2009 Certification Examinations, as set forth in the ABMG's online Bulletin of Information. I agree to denial of or disqualification from Active Candidate Status; to denial of or disqualification from examination; to denial or revocation of certification; to denial or revocation of future eligibility for certification; and to forfeiture and redelivery of any certificate granted me by the ABMG in the event that any of the statements or answers made by me in this application are false or in the event that I violate any of the rules or regulations governing ABMG eligibility, examination, or certification. I authorize the ABMG to make whatever inquiries and investigations it deems necessary to verify my credentials and my professional standing.

2. I understand that this application and any information or material received or generated by the ABMG in connection with this application or with the certification process will be kept confidential and will not be released unless I have authorized such release or such release is required by law. However, I understand that the fact that I have or have not achieved Active Candidate Status, or certification, are matters of public record and may be disclosed. I authorize the ABMG to release my examination scores to the Program Director of my training program. Finally, I allow the ABMG to use information from my application and subsequent examination for the purpose of statistical analysis, provided that my personal identification with that information has been deleted.

3. I understand that the content of the ABMG's certification examinations, and each of their items, are proprietary and strictly confidential, and that the unauthorized retention, possession, copying, distribution, disclosure, discussion, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to e-mailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during, or after an examination, is **strictly prohibited**. I further understand that, in addition to constituting irregular behavior subject to disciplinary action including but not limited to revocation of certification, revocation of eligibility for future certification, and disciplinary fines, such activities violate the ABMG's proprietary rights, including copyrights, and may subject me to legal action resulting in monetary damages.

4. I further understand that I can be disqualified from taking or continuing to sit for an examination, or from receiving examination scores, and that I may be required to retake an examination if, at its sole discretion, the ABMG determines through proctor observation, statistical analysis or any other means available to it, that I was engaged in collaborative, disruptive, or other irregular behavior before, during the administration of, or following, the examination, or if the ABMG determines that the integrity or validity of the examination otherwise is in question.

5. I further understand that, in some instances, while the evidence of irregularity is sufficiently strong to cast doubt upon the validity of scores, such evidence may not enable the ABMG to identify the particular individuals involved. In any such circumstance, I understand that the ABMG reserves the right to withhold the scores of all candidates, including candidates not directly implicated in the irregularity and, if necessary, to require all candidates to take an additional examination at a later date under conditions which will ensure the validity of all scores.

6. I understand that it is my responsibility to inform the proctor of any difficulties encountered at the examination site. In addition, it is my responsibility to inform the ABMG administrative office of any such difficulties in writing, within one week after the examination.

7. I hereby agree to indemnify and hold harmless the ABMG, its officers, directors, members, examiners, employees, and agents, from any lawsuit, complaint, claim, loss, damage, cost or expense (including attorneys' fees) arising out of or in connection with any action or omission by any of them in connection with this application; the application process; Active Candidate Status; the certification process; any examination given by the ABMG; any grade relating thereto; the failure to issue me any certificate; or any demand for forfeiture or redelivery of such certificate.

I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR ACTIVE CANDIDATE STATUS, AND CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH THE ABMG AND THAT THE DECISION OF THE ABMG IN EACH OF THESE MATTERS IS FINAL.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND I INTEND TO BE LEGALLY BOUND BY THEM.

Full Printed Name

Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public Signature

My Commission Expires: _____

[SEAL]