



## American Board of Endodontics

### Oral Examination Information Form Exam Dates: October 22, 23, & 24, 2020

#### Oral Examination Registration Process

##### Exam Dates

October 22, 23, & 24, 2020

##### Location

St. Louis, MO

##### Application Deadline

The Oral Examination Registration form must be received in the Central Office by August 7, 2020. Applications received after that date will be returned unprocessed.

##### Examination Fee

The Oral Examination fee is \$850 **and is non-refundable/non-transferable.**

##### Payment

Return this application with a Cashier's Check/Money Order/Check (U.S. Funds) made payable to the ABE for the non-refundable/non-transferable examination fee of \$850.

You also have the option of paying via credit card through PayPal on our website <http://www.aae.org/abeoralexam/>

##### Registration

Registration forms will be accepted through August 7, 2020; however, registration will CLOSE when all seats are filled.

##### Schedule

On September 8th, a follow-up email and letter that contains your exam date and time, information about hotel accommodations, orientation and transportation and the exam process.

##### Cancellations

Candidates who request to withdraw from the Oral Examination must follow the instructions below.

1. Notify the Central Office at [staff@amboardendo.org](mailto:staff@amboardendo.org) that you will be submitting written notification that you are withdrawing from the exam. The notification must be sent to ABE, 750 W Lake Cook Rd, Suite 137, Buffalo Grove, IL 60089
2. **Phone calls regarding cancellations are not accepted – the notification must be via email and followed-up with a written letter.**

Candidates who withdraw will be required to submit a new payment of \$850 with their subsequent Oral Examination Registration forms. You are required to submit a new registration form for the next exam that you wish to participate in. The Central Office cannot apply your cancelled application to a new exam. Again, if you withdraw from the exam, you must re-submit both the current registration form and payment of \$850 for the next exam you wish to participate in.

I have read and understand the policies as stated above.

Name \_\_\_\_\_

Last Name

First Name

Signature \_\_\_\_\_

Date \_\_\_\_\_

**We update our database directly from the AAE's database. It is the Candidate's responsibility to keep a current address, email and telephone number on file with the AAE's membership department.**



**American Board of Endodontics**

**Oral Examination Registration Form**  
**Exam Dates: October 22, 23 & 24, 2020**

**Personal Information**

_____				
Last Name	First Name	Middle Initial		
_____				
Street Address	City	State/Province	Zip/Postal Code	Country
_____			_____	
E-Mail	Phone (include area or country/city code)			

**Oral Examination Registration**

- Please accept my registration for the Oral Examinations scheduled for October 22, 23 & 24, 2020 in St. Louis, MO. (The exam schedule will be completed by September 8, 2020.)

**Payment Information**

Return this application with a Cashier's Check/Money Order/Check (U.S. Funds) made payable to the ABE for the non-refundable/non-transferable examination fee of \$850.

You also have the option of paying via credit card through PayPal on our website  
<http://www.aae.org/abeoralexam/>

- Enclosed is my payment for the Oral Examination Fee.  
 Enclosed is my receipt from PayPal for the Oral Examination Fee.

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

I understand the following:

The Oral Examination fee of \$850 is non-refundable/non-transferable.

If I choose to withdraw from the Exam, I will need to re-submit both payment and registration paperwork for the next exam I wish to participate in.

Applications received without payment will not be processed.

Deadline for the application submission is August 7, 2020. Applications received after that date will not be processed.

I have also read and understand the Oral Exam Registration Process as outlined in the Oral Examination Information Form.

**Applicant's Signature**

_____	_____
Signature	Date