

AMERICAN BOARD OF VETERINARY OPHTHALMOLOGY

PO Box 1311 - Meridian, Idaho 83680
Ph (208) 466-7624 | Fx (208) 895-7872 | www.ABVO.us



Name: _____ Email: _____

Mailing Address: _____

Contact number(s): Home: _____
Work: _____
Cell: _____

I am registering for the following portion(s) of the 2018 ABVO certifying examination (check all that apply):

- Written Examination (US \$750)
 Image Recognition Examination (US \$750)
 Practical Examination [one or both sections] (US \$750) **Total Payment Due: \$** _____

Exam fee payments are due in the ABVO office by 5:00 pm (Mountain Time) on **June 15** each year and must be accompanied by this registration form. Late payments will not be processed.

Mail payment (personal check, money order or credit card) and Exam Registration Form to:

ABVO	Or via courier to:	ABVO
PO Box 1311		1404 N. Main, Ste #102
Meridian, Idaho 83680		Meridian ID 83642

Credit payments may be faxed or scanned and emailed:

circle one (Visa, MasterCard, Discover)

Name on card: _____ Card number: _____

Expiration date: _____ CVV code (3 digits on back of card): _____

Billing address (if different than above): _____

For questions or clarifications, contact the ABVO office at 1-208-466-7624.

I understand that if, for any reason, I elect not to take the Written or Image Recognition Examinations for which I have registered, cancellations fees will be incurred. Cancellation of any portion of the scheduled examination will incur a base charge of \$60 with an additional \$45 charge per section. These fees will be deducted from the exam payment and the remainder will be refunded.

Providing certifying examination results to mentors of ABVO residency programs is one mechanism by which direct feedback to programs may be achieved. This information is valuable to mentors in evaluating the adequacy of board preparation by the residency training program. Scores will not be released without an affirmative statement.

- Please do **NOT** release my ABVO Certifying Examination scores to the Corresponding Supervising Diplomate of my ABVO residency program. (Scores will be released to the Corresponding Supervising Diplomate unless this box is checked.)

Signature: _____ Date: _____