



THE AMERICAN BOARD OF
PHLEBOLOGY

BOARD CERTIFICATION RE-EXAMINATION APPLICATION

General Information:

This application may only be used by those wishing to re-take the exam. If taking the exam for the first time, please visit http://www.americanboardofphlebiology.org/certification_application.asp.

The ABPh Board has approved a policy to allow re-takes of the examination within one year of the failed exam, and to waive the application fee (but not the examination fee) for the re-take exam.

You may submit this form anytime during the year. However, to sit for the April 2012 exam it must be postmarked ***no later than Monday, February 10, 2012***. Notification of your eligibility to sit for the exam will be mailed within 30 days of submitting a completed application.

Important Dates for the April 2012 Exam:

1. Candidate Application Period:
October 1, 2011 – February 10, 2012
2. Notification to Candidate of Acceptance to Sit for the exam:
November 1, 2011 – March 10, 2012
3. Candidate Registration (@ Pearson VUE):
Opens January, 2012 (for approved applicants only)
4. Full Refund Cutoff for Exam Cancellation:
March 16, 2012
5. Exam Dates:
April 14 – 28, 2012

QUESTIONS?

American Board of Phlebiology
info@theabph.org

Candidates are **strongly encouraged** to register with Pearson VUE as soon as possible after receiving notification that you may sit for the exam. The earlier one registers, the greater the likelihood the requested testing center and date will be available.

Fees:

An exam fee of **\$2,100.00** is to be included with this application. **The application fee of \$495, normally required for each submission, will be waived for the re-take of this exam.**

The exam fee will be fully refunded if the applicant is deemed ineligible to sit for the exam. For details on cancellation, please see the *Cancellation Policy and Procedure* below.

General Instructions:

Please use the checklist below to ensure that you are submitting a fully-completed re-take application.

- Print pages 3-6 this application document. Fill in Sections I – III of the application.
- Read and sign Section IV (Attestations).
- Enclose payment for the refundable exam fee of \$2,100.00. We accept either check or credit card.
- Submit a copy of your current, valid, full and unrestricted license to practice medicine in the United States, its territories or a Canadian province in which the applicant's practice of medicine is regularly conducted.

Cancellation Policy & Procedure:

You may cancel your application for any reason and receive a full refund of the exam fee if written notification is sent to the ABPh Headquarters and postmarked no later than March 16, 2012. Email, telephone, or fax notification is not sufficient for this process.

Additionally, if you have already made reservations at a Pearson VUE Test Center to sit for the exam, you must also cancel that reservation directly with Pearson VUE. Cancelling your application with ABPh but failing to cancel a Pearson VUE reservation will result in a \$250 administrative fee.

Cancellations made after March 16, 2012, including failure to appear for the exam, will result in a \$500 administrative fee, and the balance of the Exam Fee will be refunded. Please retain all documentation of your cancellation.

Please Note:

In order to be considered eligible to sit for the 2012 examination, you must meet all current education / documentation requirements. Some requirements have been revised since the previous exam cycle. The re-take application, supporting documents and your previous submission will be reviewed by ABPh Staff prior to a determination of eligibility. We will contact you if additional information or materials are needed.

For additional information, please contact:

The American Board of Phlebology
Certification Exam
P.O. Box 29920
San Francisco, CA 94129-0920
Email: info@theabph.org

SECTION I: APPLICANT & PAYMENT INFORMATION (PRINT LEGIBLY)
 REQUIRED TO ENSURE THAT ABPH MAINTAINS CURRENT CONTACT INFORMATION ON FILE.

First Name	Middle Name	Last Name
Designations (For example, MD, RVT, FACP, etc.)	Date of Birth (FOR STATISTICAL PURPOSES ONLY):	
Primary Specialty	Are you Board certified in this specialty?	
Date of certification, name of certifying Board:		
Business Address (also include business name here, if applicable)		
City, ST and Zip Code	Business Phone (Incl. Area Code)	
Business Fax Number (Incl. Area Code)	Business E-mail	
ARE YOU A MEMBER OF A SPECIALTY SOCIETY (OR SOCIETIES)? IF SO, PLEASE ADD NAME(S) HERE.		
Home Address		
City, ST and Zip Code		
Home Telephone (Incl. Area Code)	Home E-mail	
Where would you like to receive official ABPh correspondence? <input type="checkbox"/> Business <input type="checkbox"/> Home		
Certificate Name (AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE):		
PAYMENT INFORMATION - All fees must accompany the application. The exam fee is \$2100.00 and must accompany the application. Note: The application fee is being waived for those retaking the exam. The exam fee will be fully refunded if the applicant is deemed ineligible to sit for the exam. If applicant is eligible but cancels on or before March 16, 2012, the exam fee is fully refundable. Cancellations after that date, including failure to appear, will result in a \$500 fee, and the balance of the Exam Fee will be refunded.		
<input type="checkbox"/> Check enclosed for \$2,100.00 payable to The American Board of Phlebology If paying by credit card, please enter information below. Your card will be charged \$2,100.00.		
Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Account #		
Cardholder Name		
Billing Address		
City, ST and Zip Code		
Cardholder Signature		
Full Name (as it appears on card)		

SECTION II: PROFESSIONAL STANDING

A. LICENSURE

You must list all medical licensure below. **Note:** A copy of a current, valid, full and unrestricted license to practice medicine in the United States from the jurisdiction in which you practice must accompany this application.

Type of License		
Issuing Institution	License Number	
Issuing State/Province	Date Issued	Expiration Date
Type of License		
Issuing Institution	License Number	
Issuing State/Province	Date Issued	Expiration Date
Type of License		
Issuing Institution	License Number	
Issuing State/Province	Date Issued	Expiration Date

Attach addendum as needed.

B. DISCIPLINARY ACTIONS

Circle 'Yes' or 'No' for each question below.

1. Have you ever been convicted of a felony?	Yes	No
2. Has your license to practice in any jurisdiction been revoked, suspended or subject to limitation or supervision, or have you agreed to the voluntary surrender or suspension of your license in lieu of disciplinary action by way of consent decree, agreed order or otherwise?	Yes *	No
3. Have your privileges at any hospital been denied, suspended, reduced, limited, revoked or voluntarily relinquished for a reason other than moving?	Yes	No
4. Have you ever resigned from any hospital, institute or health care facility in lieu of disciplinary action?	Yes	No
5. Has your DEA number to prescribe controlled substances been reversed, suspended, revoked, expired or restricted in any way or voluntarily or involuntarily relinquished?	Yes	No

Please submit an addendum with complete explanation for any items where you answered Yes.

C. CHEMICAL DEPENDENCY OR SUBSTANCE ABUSE

1. Within the past three years of the date of this application, have you been diagnosed as chemically dependent?	Yes	No
2. Within the past three years of the date of this application, have you been treated for drug or other substance abuse?	Yes	No
3. Within the past three years of the date of this application, have you entered a non-disciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority?	Yes	No

If “Yes” to any question for Section C above, you are required to present evidence to the Board that you (1) have successfully completed the authorized rehabilitation or diversionary program or (2) are successfully enrolled in such a program or are successfully enrolled in or completed a private treatment program and present attestations from the responsible program administrators and physicians demonstrating, to the satisfaction of the Board, that the you have been free of chemical dependency for a period sufficient to establish that you are not currently using illegal drugs and/or that the use of illegal drugs or other substance is not an on-going problem. This documentation must accompany the completed application form.

SECTION III: CANDIDATES WITH DISABILITIES

Do you request examination under the Candidates with Disabilities Policy?	Yes	No
---	-----	----

If “Yes” to the above question, please refer to the *Certification Exam Prerequisites & Policies*, Section IV. Supply with this application all documentation required under Section IV C.

SECTION IV: ATTESTATIONS

I hereby apply to the American Board of Phlebology (hereinafter, the "ABPh") for the issuance of a certificate of qualification as a specialist in Phlebology upon successfully meeting all of the requirements for certification. I request and authorize the evaluation and validation of my credentials in accordance with, and subject to, the rules and regulations of the ABPh. I agree to submit to a multiple-choice examination and supply further information as determined by the ABPh.

By my signature, I attest and certify that all information on the foregoing application and any addenda are true and complete.

I understand and agree that I may be disqualified from sitting for the examination or from issuance of a certificate in the event that any of the statements made on this application, or thereafter supplied by me to the ABPh, are false or if I have failed to provide material information or in the event that I violate any of the rules governing the application and examination.

In making this application, I understand that it is an application only and does not guarantee certification. I understand and agree that, if I am certified following acceptance of this application and successful completion of the examination, such certification does not constitute ABPh's warranty or guarantee of my fitness or competency to practice medicine as a phlebologist.

I understand that ABPh reserves the right to revise or update this application and its policies. I agree to abide by all ABPh policies as described in the *Certification Exam Prerequisites & Policies* information, which may be revised from time to time, and I understand that it is my responsibility to be aware of ABPh's current requirements.

I understand and agree that: (1) the giving or receiving of aid in an examination as evidenced either by observation or by statistical analysis of incorrect answers of one or more participating in the examination; or (2) the unauthorized possession, reproduction or disclosure of any materials, including, but not limited to, examination questions or answers, before, during or after the examination; or (3) the offering of any benefit to any agent of the ABPh in return for any right, privilege or benefit which is not usually granted by the ABPh to other similarly situated candidates or persons may be sufficient cause to terminate my participation in such examination, to invalidate the results of my examination, to withhold or revoke my scores or certificate, to bar me from future examination, or to take other appropriate action.

I understand and agree that the ABPh may require me to retake one or more portions of an examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of my personal involvement in such compromise.

I understand and agree that the examinations and all test questions are the exclusive property of the ABPh and are protected by copyright law. Because of the confidential and proprietary nature of these copyright materials, I agree not to retain, copy, disclose or reveal any part of these examination materials.

I understand that at the time I submit this application to ABPh and at all times thereafter, I have a continuing obligation to promptly disclose to ABPh the existence or occurrence of any circumstances: (i) causing me to fail to satisfy the foregoing condition of eligibility to apply for and take the examination administered by ABPh, or (ii) having any material affect on my diplomate status, should I achieve such status.

If I am certified, I authorize ABPh to include my name in a list of certified physicians and agree to use the ABPh designation and related ABPh trade names, trademarks, and logos only as permitted by ABPh policies. I understand and agree that ABPh may also use anonymous and aggregate application and examination data for statistical and research purposes.

I agree that the ABPh may provide information to appropriate parties concerning my status as Board certified or not certified, dates and bases for action(s) related to my certification, and/or other appropriate information; all disclosures will be in compliance with the law.

I hereby release, discharge, covenant not to use, and hold harmless the ABPh, its trustees, officers, members, examiners, representatives, agents and any person who supplies information regarding my credentials from any actions, suits, claims, demands, or damages arising out of, or in connection with any action taken by any of them regarding this application, the gathering, collecting and use of information about my practice or education, the grade or grades given with respect to any examination, the failure of the ABPh to certify me, or the revocation of any certificate. It is understood that all decisions as to my credentials and qualification for admission to the examination and for certification rest solely and exclusively in the ABPh, that its decision is final, and my exclusive appeal from any adverse decision is pursuant to the ABPh's rules and procedures and the determination of any such appeal is final and binding.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____