

Payment and Registration Information

TESTING DATES: *Please choose one.*

- Saturday, October 10, 2009, Ft. Worth, TX
- Saturday, January 9, 2010, Orlando, FL

EXAMINATION VERSION:

- AMA Guides, 4th Edition*
- AMA Guides, 5th Edition*
- AMA Guides, 6th Edition*

EXAMINATION FEES:

- Non-Members \$475
- Members \$375
- Fellows \$275

PAYMENT METHOD:

- Visa MC Amex Check

Card #: _____

Three/Four Digit Security Code Listed on Front/Back of Card#: _____

Name on Card: _____

Expiration Date: _____

Signature: _____

OBJECTIVES OF CEDIR EXAMINATION:

- Entice new members
- Ensure quality of practicing Disability and Impairment Rating Evaluators
- Establish method to accumulate AADEP Fellowship points
- Raise professional standing
- Standardize role of practicing physicians
- Promote integrity of AADEP Fellow

No refunds for cancellations received after registration cut-off date or no shows.

The American Academy of Disability Evaluating Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Academy of Disability Evaluating Physicians designates this continuing medical education activity for up to 2.0 *AMA PRA Category 1 credit*.TM Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

APPLICATION STATEMENT: I hereby make application to the American Academy of Disability Evaluating Physicians to sit for the AADEP CEDIR Examination, in accordance with and subject to the Boards' rules and policies in effect from time to time, and enclose a non-refundable fee. I hereby declare, under penalty of perjury, that the information in the given application is true and correct to the best of my knowledge and belief.

Signature (Name in Full) _____

Date _____

Checklist: (Please verify enclosures below)

- Photograph
- Payment
- Curriculum Vitae
- Copy of State Medical License

For office use only (insert dates) _____ Receipt
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FOR PAYMENT BY CHECK:

Include a check for the appropriate amount payable to the AADEP.

SEND APPLICATION AND PAYMENT TO:

American Academy of Disability Evaluating Physicians
Attn: Registration
223 W Jackson Blvd Ste 1104
Chicago, IL 60606-6900
Phone: (312) 663-1171 or (800) 456-6095
Fax: (312) 663-1175

HOTEL RESERVATION INFORMATION:

Make sure you take advantage of AADEP's special group room rate by mentioning you are attending the AADEP event.

Origination Date: March 2002
Validated: September 10, 2004
Revised: July 23, 2009
This exam will terminate on February 28, 2010