



# Payment and Registration Information

## TESTING DATES: *Please choose one.*

- Saturday, January 7, 2012, Fort Lauderdale, FL
- Saturday, February 11, 2012 Dallas, TX
- Sunday, February 26, 2012 Powell, TN
- Sunday, March 25, 2012 Las Vegas, NV
- Saturday, March 31, 2012 Houston, TX
- Saturday, June 2, 2012 San Antonio, TX

## EXAMINATION VERSION:

- Texas Version (*AMA Guides, 4<sup>th</sup> Edition*)
- AMA Guides, 4<sup>th</sup> Edition*
- AMA Guides, 5<sup>th</sup> Edition*
- AMA Guides, 6<sup>th</sup> Edition*

## EXAMINATION FEES:

- Non-Members or Texas Exam \$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 education activity for a maximum of 2.0 *AMA PRA Category 1 Credits<sup>TM</sup>*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**APPLICATION STATEMENT:** I hereby apply 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 this 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

## FOR PAYMENT BY CHECK:

Include a check for the appropriate amount payable to 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  
**OR** 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: December 9, 2011

This exam will terminate on September 30, 2012

## CANCELLATION POLICY

**There is a \$100 service fee for all cancellations.  
No refunds for NO SHOWS.**