



AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS™

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Current Head & Shoulders Photograph (Polaroid Acceptable)

Application to Sit for Texas CEDIR Examination
CERTIFICATION IN EVALUATION OF DISABILITY AND IMPAIRMENT RATING

NAME: Please leave one blank space between first, middle and last names.

Grids for Last Name, First Name, Middle Initial, Degree, Specialty, Board Certified status, Years in Practice, and Years in Disability Evaluation.

ADDRESS: The preferred address will be used by this office for all mailings and for the International Directory, until you advise us of a change.

Grids for Business Address and Home Address.

Preferred Mailing Address:

Form with checkboxes for Business and Home.

TELEPHONE/FAX / E-MAIL NUMBERS:

Grids for Office, Home, Fax, and E-Mail Address.

DATE OF BIRTH AND SOCIAL SECURITY NUMBER:

Grids for Month, Day, Year, and Social Security Number.

AADEP COURSEWORK:

Form for tracking AADEP coursework including Short Course, Guides Course, Advanced Clinical, Comprehensive f/k/a Clinical, Annual Scientific Session, and Special Topics.

TRAINING: Please list

Form for listing Medical School (Location) and Exact Date(s) Inclusive From (Month/Day/Year) to (Month/Day/Year).

CURRENT CV:

PLEASE PROVIDE A COPY OF CURRENT CURRICULUM VITAE.

LICENSURE:

PLEASE PROVIDE A COPY OF YOUR CURRENT STATE MEDICAL LICENSE.

Payment and Registration Information

TESTING DATES: *Please choose one.*

- Saturday, August 22, 2009, Austin, TX**

- Saturday, October 10, 2009, Houston, TX**

PAYMENT METHOD \$475:

- Visa MC Amex Check

Card #:

(Include three-digit security code)

Three/Four-digit Security Code: _____

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
- Comply with Texas legislation, rules and regulations

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 hours in Category 1 credit towards the AMA Physician's Recognition Award. 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

Origination Date: March 2002
Validated: September 10, 2004
Revised: July 24, 2009
This exam will terminate on February 28, 2010

For office use only (insert dates)
_____ Receipt