

**The American Board of Pediatric Neurological Surgery**

Application for the ABPNS Pediatric Written Focused Practice Examination

Requirements:

1. **Purchase Exam (available approximately 1 week before exam date)**
2. **Register and schedule time slot for assigned exam day.**
3. **Complete pre-exam requirements, including equipment self-check.**

**Please read carefully and check the appropriate boxes (double left click and then choose “checked”. Application will not be processed until complete.**

**Part I: Contact and Practice Information**

**Name:**

**Office Address:**

 **Institution:**

 **Street:**

 **City: State or Province:**

**Zip Code: Country:**

**Home Address:**

**Preferred Mailing Address: □Home □Office**

**Phone:**

**Home/Cell:**

**Fax:**

**E-mail:**

**Fellowship:**

 **Institution:**

 **ACPNF-accredited slot? (Y/N)**

 **Dates of Training:**

 **Director:**

**Residency Program:**

 **Institution:**

 **Dates of Training:**

**Medical School:**

 **Institution:**

 **Dates of training:**

**Licensure Information**

**STATE OR PROVINCE LICENSE NUMBER RESTRICTED OR SUSPENDED**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ]  Yes** **[ ]  No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ]  Yes** **[ ]  No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ]  Yes**  [ ]  **No**

**Supporting documentation accompanying this application. Please check off:**

[ ]  Proof of Residence in U.S. or Canada. (Can be a copy of a driver’s license).

[ ]  Letter of good standing from fellowship director or copy of fellowship certificate.

[ ]  Copy of Residency certificate.

[ ]  Copy of Medical License.

[ ]  Copy of Royal College of Physicians and Surgeons of Canada (RCPS-C) certificate if applicable.

 Please submit this application and the supporting documentation listed above via e-mail to kbollerman@abns.org.

 By signing below, I hereby verify that all information submitted here is true and accurate, and has been

 completed to the best of my knowledge.

Electronically signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type in your name to verify above)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABPNS Administrative Area only:

□ Verify participation in an ACPNF approved fellowship in the ACPNF slot.

□ Is the applicant following the ABNS or RC track? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_