

APPLICATION DIRECTIONS AND FEES 2008-2009

1. Application must be complete and legible.
2. **FEES MUST BE PAID BY CHECK, MONEY ORDER, MASTER CARD or VISA.** If you intend to charge your examination fee, please fill out the Credit Card Processing Form. You may fax your application and Credit Card Processing Form to (217) 585-6663. Candidates paying by check must mail their application form and check to the Executive Office address. The candidate will be responsible for fees incurred for checks returned for insufficient funds, and may be denied access into the exam.
3. If you cancel for any reason six (6) weeks or more prior to your exam choice, you will receive 75% of your application fee as a refund. If you cancel less than six (6) weeks before an exam you will not receive a refund. There are no exceptions. Candidates may transfer to another exam for \$30 six weeks or more prior to the exam. Transfers requested within six weeks of the exam require a \$100 transfer fee.
4. Enter your Social Security number under SSN.
5. Check the sections you need to take. If you are a repeat candidate and you are not sure which section(s) you need to repeat, contact the Executive Office.

FEE SCHEDULE

First Time Candidates \$305.00

Repeat Candidates

3 Sections \$305.00

2 Sections \$255.00

1 Section \$180.00

If you have any questions regarding the ABRET Examination, please contact Janice Walbert in the Executive Office.

ABRET reserves the right to cancel an examination sixty (60) days prior to the examination date for any reason. The candidate's application fee will be refunded in full or the fee may be applied toward a future examination.

Endorsement/Sponsorship Disclaimer

At the present time, ABRET does not sponsor or endorse educational courses, workshops, or materials for Board preparation. Although ABRET does acknowledge the importance of meetings, workshops, and other educational tools for board preparation, it is not responsible for the content of the programs or materials. Candidates are urged to review the candidate materials provided by ABRET for specific exam requirements. If in the future ABRET provides or endorses educational materials for board preparation, there will be a clear statement of endorsement or sponsorship.

Janice Walbert, R. EEG/EP T.
ABRET Executive Director
1904 Croydon Dr.
Springfield, IL 62703
(217) 553-3758 Phone
(217) 585-6663 Fax
e-mail address: abreteo@aol.com

REV 5/08

APPLICATION FOR ABRET EEG ORAL EXAMINATION



PRINT CLEARLY OR TYPE YOUR LEGAL NAME

LAST NAME		FIRST	
ADDRESS			
CITY		STATE	ZIP

DAYTIME PHONE		HOME PHONE	
E-MAIL ADDRESS			

SOCIAL SECURITY #	
YEAR PART I COMPLETED	

Please note if Part I was taken under a different name and include proof of name change.

SECTIONS TO BE TAKEN

<input type="checkbox"/>	Recording Concepts	<input type="checkbox"/>	Measurement & Application	<input type="checkbox"/>	Record Review
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SELECT FRIST AND SECOND CHOICES

1st/2nd	Date	Location	Deadline
	October 25 & 26, 2008	Pittsburgh, PA	August 26, 2008
	February 21 & 22, 2009	Atlanta, GA	December 22, 2008
	April 18 & 19, 2009	Milwaukee, WI	February 19, 2009
	I do not have a second choice, please refund my fee.		

METHOD OF PAYMENT

<input type="checkbox"/>	VISA
<input type="checkbox"/>	MasterCard
<input type="checkbox"/>	Check
<input type="checkbox"/>	Money Order

I have read the Candidate Handbook and Outlines, and understand that I am responsible for knowing their contents. I certify that the information given in this Application is in accordance with instructions and is accurate, correct and complete.

If I pass the Examination, I agree that ABRET may share my name and the fact that I have become credentialed in END publications and release my certification status and disciplinary history to employers, governmental agencies, and the public upon request.

SIGNATURE

DATE

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SEND APPLICATION AND FEE TO: ABRET Executive Office 1904 Croydon Dr., Springfield, IL 62703

CREDIT CARD PROCESSING FORM

In order to charge your examination or posting fee, merchandise, or additional certificates, you must fill out this form and fax or mail with your application or your request for sales items.

NAME			
ADDRESS			
CITY		STATE	ZIP

DAYTIME PHONE		HOME PHONE	
E-MAIL ADDRESS			

METHOD OF PAYMENT

	VISA
	MasterCard

Card Number	
Expiration Date	
CVV (Security) # 3 digits on back	

Name that appears on the card if other than your name	
Credit card billing address if other than the address listed above	

ABRET charges a \$7.00 processing fee for all credit card charges.

SIGNATURE	DATE

By signing above, I understand and accept ABRET's \$7.00 processing charge

**You may either mail your application and processing form to the
ABRET Executive Office
1904 Croydon Dr.
Springfield, IL 62703
or fax the application and form to (217) 585-6663**