



APPLICATION FOR RE-EXAMINATION

Please select your preferred testing window. Testing window must be within the three testing windows following a failed examination to qualify as a re-applicant.

Upcoming 2018/2019 Examinations:

- Fall 2018 Testing Window:** September 17 – October 31, 2018 (*Application deadline September 7, 2018*)
- Spring 2019 Testing Window:** March 18 – April 30, 2019 (*Application deadline March 8, 2019*)
- Summer 2019 Testing Window:** June 17 – July 31, 2019 (*Application deadline: June 7, 2019*)

First Name	MI	Last Name	Degree(s)
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Address

City	State	Zip
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Phone	Fax
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E-Mail

PAYMENT INFORMATION

Credentialing Fee: \$0 + Examination Fee: \$450 = Total Fee: \$450*

Payment must be made in full at the time of submission of re-application form.

Check/Money order (US funds) Check # _____

I authorize the American Board of Clinical Lipidology to charge my credentialing and examination fees to my credit card listed below.

Visa MasterCard American Express

Card Number _____ **Expiration Date** _____

Name as it appears on card: _____

Signature _____

VERIFICATION OF INFORMATION

I hereby certify that the information furnished is true and correct and that the ABCL is authorized to investigate and verify any representation made on this application. I agree to have my name and contact information posted on the ABCL website, if I am successful in passing the examination.

Signature _____ **Date** _____

Certificate Name/Credentials

Please print below exactly what you would like printed on your certificate if you pass the examination.

First Name	MI (optional)	Last Name	Degree(s)
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SEND COMPLETE APPLICATION PACKAGES POSTMARKED BY APPLICATION DEADLINE TO:

American Board of Clinical Lipidology
 ATTN: Certification Manager
 6816 Southpoint Pkwy, Suite 1000
 Jacksonville, FL 32216
 Phone: 904-674-0752