



ABC CERTIFICATION SHORT FORM APPLICATION

- Print this form and complete.
- Upon completion, this form can either be mailed, faxed or emailed to the below. Payment options are as follows:
 - a. Pay online by credit card at <https://www.abcworld.org/forms/invoice/>. The invoice number will remain blank as one will be assigned after receipt. The system will send the staff a notification of the payment. When the payment clears (usually overnight), then we will email a paid invoice for your records.
 - b. Enter the credit card information including signature, on the bottom of this form. Upon receipt, the information will be entered into the system. When the payment clears (usually overnight), the we will email a paid invoice for your records.
 - c. Mail a check to the ABC office. Upon receipt, the staff will email a paid invoice for your records. Make checks out to: American Board of Certification.
- To be eligible for the exam, the Short Form Application must be completed and accompanied by the application fee. Applicants may take the exam before completing the Long Form Application. Details on exam composition and sample exams can be found on www.abcworld.org. Applicants must successfully complete all sections of the certification examination by December 31 of the year following the date ABC received the applicant's initial Short Form Application.

The American Board of Certification
225 2nd Street SE, Suite 314
Cedar Rapids, IA 52401
Attention: Kristin L. Delfs, Executive Director

Email: director@abcworld.org
Phone: 319-365-2222
Toll Free: 877-365-2221
Fax: 319-363-0127

Please Initial:

_____: I have read the Rules and Regulations, at: <http://www.abcworld.org/rules/>

Short Form Application

1. I am applying for my _____ First Certification; _____ Second Cert; _____ Third Cert.
(If this is the FIRST application, skip step 2 and go to step 3.)

2. I am Currently Certified in the following Specialty(s):

- _____ Business Bankruptcy
- _____ Consumer Bankruptcy
- _____ Creditor's Rights Bankruptcy

3. Name: _____

4. Firm: _____

5. Firm Website: _____

6. Address: _____

7. City: _____

8. State: _____ Zip Code: _____

9. Phone: _____ Fax: _____

10. Email: _____

11. Social Security Number: _____

12. I have been practicing Bankruptcy Law for: # _____ years.
(There is an application fee Discount for practicing attorneys
with experience of 10 years or less.)

13. I am applying for certification in:

	<u>11 years or More</u>	<u>10 years or Less</u>
_____ Business Bankruptcy	\$495.00	\$295.00
_____ Consumer Bankruptcy	\$495.00	\$295.00
_____ Creditor's Rights Bankruptcy	\$495.00	\$295.00

_____ I am a Current ABC Member and am applying for an additional specialty.
The fee is \$300.00 for each.

- _____ Business Bankruptcy
- _____ Consumer Bankruptcy
- _____ Creditor's Rights Bankruptcy

Exam Information

- Exams are offered at each conference / workshop on the exam schedule. Requests to attend and take the exam on any of the dates provided must be received and approved by ABC staff **No Later Than 20 business days** prior to the exam date. That will provide time to arrange for an administrator and transfer the exam materials.
- Exam in Office: Examinees may request to take the exam in their office for an additional in-office fee of \$75 along with the exam fee of \$125. ABC will schedule for an exam proctor to come to your office.
- To request an exam-in-office, this registration form along with the requested date must be received 20 business days prior to the requested exam date. Indicate the selected date below (holidays are excluded), and weekend dates may be offered on a case-by-case basis. ABC will issue written notice indicating if the request has been honored. There is a \$125 fee for cancellation if written notice of cancellation is received 5 business days prior to the exam date. If the exam is cancelled without a 3-business day notice, all exam fees are forfeited. No refunds are issued (in the event that an exam administrator cannot be located, the fee of \$75 will be returned). Exams will only be administered in office settings and cannot be administered in home offices. ABC is not responsible for locating sites for exam-in-office when one is not readily available.
- *Deadline for guaranteed registration. Late registrations are accepted if accommodations are available.
- **Fees: An exam fee of \$125 must accompany the exam registration. This fee is in addition to the application fee of \$495 that must be paid prior to sitting for the exam. If this is your second sitting no fee is required. If this will be your third or

higher sitting for the exam, please enclose a fee of \$125.00. The exam fee is in addition to the application fee previously paid. Government employees receive a 50% discount on all fees except for exam-in-office fees.

14. Please arrange for me to take the exam:

_____ at the conference / workshop on: _____
(month, day, year)

At this location: _____

Initials: _____ I acknowledge required payment of \$125.00 for this exam.

OR

_____ in my office on: _____
(month, day, year)

Initials: _____ I acknowledge required payment of \$125.00 for the exam,
as well as \$75.00 for the in-office fee.

15. Payment: ("X" one option)

_____ Check payable to American Board of Certification is enclosed.

_____ Please charge my credit card.
(we accept Visa, MasterCard and American Express)

16. Total Amounts Due: ("X" all that apply)

_____ \$495 Application Fee for attorney's practicing OVER 10 years

_____ \$295 Application Fee – discounted rate for attorney's practicing
10 years or LESS

_____ \$300 Application Fee for second or third certifications

_____ \$125 Exam Fee

_____ \$75 In-Office Exam Fee

\$_____ Total Amount Paid.

16. Credit Card information (if applicable).

Type of card: _____ Visa _____ MC _____ AMEX

Card Number: _____

Expiration Date: (MM/YY) _____

Name as shown on card: _____

Address where card is billed to: _____

Signature: _____

(written, not typed)

17. I have reviewed the summary of the ABC certification standards and believe that I am qualified by certification as listed above. By submitting this short form application, I agree to be bound by all rules and regulations of the ABC. I also understand that application fee(s) are non-refundable, even if I choose not to complete the certification process, my application is not approved by the ABC, and/or I do not successfully complete the certification exam. ABC is incorporated in the State of Virginia and the laws of Virginia shall govern both this application and any disputes between the applicant and ABC, its officers, directors, employees or volunteers.

Print Name: _____

Sign: _____

Dated: _____

**Applicants must successfully complete all sections of the certification examination by December 31 of the year following the date ABC received the applicant's initial Short Form Application. For example, if this application is dated May 25th, 2015, then the applicant has until December 31st, 2016 to pass all sections of the exam.