



ABP FAX COVER LETTER

Please fill out this form (print or type) and use it as a fax cover sheet for all materials you wish to submit.

EXAMINATION YEAR AND NAME:

Exam Year: _____

Exam Name: _____

EXAMINATION TYPE:

- General Pediatrics Certification Exam Fax: 919.918.7114
- Subspecialty Certification Exam Fax: 919.918.7114
- Maintenance of Certification (MOC) Fax: 919.929.8752

YOUR CONTACT INFORMATION:

Full Name: _____

ABP ID Number: _____

Telephone Number: _____

Email Address*: _____

**The ABP must have your current email address, that you frequently check, in order to correspond with you.*

Comments: