



THE AMERICAN BOARD *of* PEDIATRICS
Certifying excellence in pediatrics – for a healthier tomorrow

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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:

- | | |
|---|-------------------|
| <input type="radio"/> General Pediatrics Certification Exam | Fax: 919.918.7114 |
| <input type="radio"/> Subspecialty Certification Exam | Fax: 919.918.7114 |
| <input type="radio"/> 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: