

**AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY**

**600 Market Street \* Suite 300 \* Chapel Hill, NC 27516**

**Tel: 919-537-8031 \* Fax: 919-537-8034 \* [www.ABPP.org](http://www.ABPP.org)**

**David R. Cox, Ph.D., ABPP, *Executive Officer***

***Rehabilitation Psychology Practice Sample Registration Form***

\*\*\*\*\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\*

Date Mailed: \_\_\_\_\_

Mail this form with the \$250 review fee to:

American Board of Professional Psychology

600 Market Street, Suite 300

Chapel Hill, NC 27516

919-537-8031

919-537-8034 fax

\*\*\*\*\*

Please indicate method of payment

Check Enclosed     Visa     MasterCard

Card Number \_\_\_\_\_ Exp.Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Reminder: Practice Samples should be sent to the  
Practice Sample Coordinator listed on your Candidacy letter.**