

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

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

Rehabilitation Psychology Registration for Oral Examination

Name: _____

Address: _____

Phone: _____

Email: _____

Mail this form with the \$450 exam fee to:

American Board of Professional Psychology

600 Market Street, Suite 300

Chapel Hill, NC 27516

Fax: 919-537-8034

Please indicate method of payment

Check Enclosed Visa Mastercard

Send hardcopy

Card Number _____ Exp.Date _____

Cardholder's Name _____

Cardholder's Signature _____