



# American Board of Electrodiagnostic Medicine

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Please complete provide the information for your American Board of Electrodiagnostic Medicine (ABEM) Examination Application

## 1. Current employer

\_\_\_\_\_  
MM/YY Start Office Name/Institution

## 2. Residency

\_\_\_\_\_  
MM/YY Start MM/YY End Residency Institution Residency Program Director/email

3. Did you receive your 6 months of EDX Training During Your Residency \_\_\_\_ Yes \_\_\_\_ No (If no, complete question 4)

## 4. List the Fellowship where you received your 6 months of EDX training

\_\_\_\_\_  
MM/YY Start MM/YY End Fellowship Institution Fellowship Program Director/email

5. Are you claiming the last portion of this fellowship as independent experience? \_\_\_\_ Yes (your training program director will be sent a verification form) \_\_\_\_ No

6. Did you receive any additional fellowships training the last 4 years? \_\_\_\_ Yes (if yes complete the section below) \_\_\_\_ No

\_\_\_\_\_  
MM/YY Start MM/YY End Fellowship Institution/Fellowship type Fellowship Program Director/email

Did you perform EDX studies during this fellowship independently and without supervision? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
MM/YY Start MM/YY End Fellowship Institution/Fellowship type Fellowship Program Director/email

Did you perform EDX studies during this fellowship independently and without supervision? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
MM/YY Start   MM/YY End   Fellowship Institution/Fellowship type   Fellowship Program Director/email

**Did you perform EDX studies during this fellowship independently and without supervision?    Yes    No**

\_\_\_\_\_  
MM/YY Start   MM/YY End   Fellowship Institution/Fellowship type   Fellowship Program Director/email

**Did you perform EDX studies during this fellowship independently and without supervision?    Yes    No**

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Date

