



## **ABC CERTIFICATION EXAMINATION INFORMATION**

The American Board of Certification  
66 Canal Center Plaza, Suite 600  
Alexandria, VA 22314  
Attn: Mary T. Kleppinger, Executive Director

Phone: 319-365-2222  
Toll Free: 877-365-2221

Email: [director@abcworld.org](mailto:director@abcworld.org)

A. Print this form and complete.

B. Upon completion, this form can either be mailed, faxed or emailed to the below.

Payment options are as follows:

i. Pay online by credit card at <https://www.abcworld.org/invoice/>. The invoice number will remain blank as one will be assigned after receipt. The system will send the staff a notification of the payment. When the payment clears (usually overnight), then we will email a paid invoice for your records.

ii. Enter the credit card information including signature, on the bottom of this form. Upon receipt, the information will be entered into the system. When the payment clears (usually overnight), the we will email a paid invoice for your records.

iii. Mail a check to the ABC office. Upon receipt, the staff will email a paid invoice for your records. Make checks out to: The American Board of Certification.

C. To be eligible for the exam, the Short Form Application must be completed and accompanied by the application fee. Applicants are encouraged to take the exam before completing the Long Form Application. Details on exam composition and sample exams can be found on [www.abcworld.org/exam](http://www.abcworld.org/exam). Applicants must successfully complete all sections of the certification examination by December 31 of the year following the date ABC received the applicant's initial Short Form Application.

D. Exams are offered at each conference / workshop on the exam schedule. Requests to attend and take the exam on any of the dates provided must be received and approved by ABC staff No Later Than 20 business days prior to the exam date. That will provide time to arrange for an administrator and transfer the exam materials.

E. Exam in Office: Examinees may request to take the exam in their office for an additional in-office fee of \$75 along with the exam fee of \$125. ABC will schedule for an exam proctor to come to your office. To request an exam-in-office, this registration form along with the requested date must be received 20 business days prior to the requested exam date. Indicate the selected date below (holidays are excluded), and weekend dates may be offered on a case-

by-case basis. ABC will issue written notice indicating if the request has been honored. Exams will only be administered in office settings and cannot be administered in home offices. ABC is not responsible for locating sites for exam-in-office when one is not readily available.

F. **Deadline for guaranteed registration.** Late registrations are accepted if accommodations are available.

G. **Fees:** An exam fee of \$125 must accompany the exam registration. This fee is in addition to the application fee of \$495 (or \$295) that must be paid prior to sitting for the exam. If this is your second sitting no fee is required. If this will be your third or higher sitting for the exam, please enclose a fee of \$125.00. The exam fee is in addition to the application fee previously paid. Government employees receive a 50% discount on all fees except for exam-in-office fees.

H. **Cancellations:** The ABC must receive notification of cancellation in writing at least 10 business days prior to the exam. Failure to provide this notification will result in the loss and non-refundable exam fee. We suggest upon cancellation, you choose another site from the exam schedule, or schedule an in-office exam. Notifications can be sent directly to the ABC by e-mail to [director@abcworld.org](mailto:director@abcworld.org).

I. **Resources to study:** Examinees are encouraged to review the Study Guides and Sample Exams for study purposes. The sample exams are actual exams given to applicants within the last two years.

J. **Exam Structure:** The six-hour certification examination is divided into the following three sections:

- Part 1 is a two-hour examination comprised of fifty multiple-choice questions
- Part 2 is a one-hour Ethics exam where two of the four questions will be answered by essay
- Part 3 is the Sub-Specialty exam, completed by essay, two of the three questions provided

K. **Computer Policy:** Examinees are encouraged to use a computer (laptop) to answer the essay questions. Review the policy provided on the website.

L. **Exam Scores:** Exam scores are issued approximately 3-4 months following a test date. Scores are issued by mail as a pass or fail and may not be transmitted by fax or over the phone.

# **ABC CERTIFICATION SHORT FORM APPLICATION**

## **Please Initial:**

\_\_\_\_\_: I have read the Rules and Regulations, at: <http://www.abcworld.org/rules/>

## **Short Form Application**

1. I am applying for my \_\_\_\_\_ First Certification; \_\_\_\_\_ Second Cert; \_\_\_\_\_ Third Cert.  
(If this is the FIRST application, skip step 2 and go to step 3.)

2. I am Currently Certified in the following Specialty(s):

- \_\_\_\_\_ Business Bankruptcy
- \_\_\_\_\_ Consumer Bankruptcy
- \_\_\_\_\_ Creditor's Rights Bankruptcy

3. Name: \_\_\_\_\_

4. Firm: \_\_\_\_\_

5. Firm Website: \_\_\_\_\_

6. Address: \_\_\_\_\_

7. City: \_\_\_\_\_

8. State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

9. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

10. Email: \_\_\_\_\_

11. Date of Birth: \_\_\_\_\_

12. I have been practicing Bankruptcy Law for: # \_\_\_\_\_ years.  
(There is an application fee Discount for practicing attorneys  
with experience of 10 years or less.)

13. I am applying for certification in:

	<u>11 years or More</u>	<u>10 years or Less</u>
_____ Business Bankruptcy	\$495.00	\$295.00
_____ Consumer Bankruptcy	\$495.00	\$295.00
_____ Creditor's Rights Bankruptcy	\$495.00	\$295.00

\_\_\_\_\_ I am a Current ABC Member and am applying for an additional specialty.  
The fee is \$300.00 for each.

- \_\_\_\_\_ Business Bankruptcy
- \_\_\_\_\_ Consumer Bankruptcy
- \_\_\_\_\_ Creditor's Rights Bankruptcy

14. Please arrange for me to take the exam:

\_\_\_\_\_ at the conference / workshop on: \_\_\_\_\_  
(month, day, year)

At this location: \_\_\_\_\_

Initials: \_\_\_\_\_ I acknowledge required payment of \$125.00 for this exam.

**OR**

\_\_\_\_\_ in my office on: \_\_\_\_\_  
(month, day, year)

Initials: \_\_\_\_\_ I acknowledge required payment of \$125.00 for the exam,  
as well as \$75.00 for the in-office fee.

15. Total Amounts Due: ("X" all that apply)

I am an ABI 40 Under 40 Candidate, Class of 20\_\_\_\_  
and understand that the Exam and Application fees are Waived.

I am a member of the ABI, age 40 or under and understand that the  
Exam and Application fees are Waived.

\$495 Application Fee for attorney's practicing OVER 10 years

\$295 Application Fee – discounted rate for attorney's practicing  
10 years or LESS

\$300 Application Fee for second or third certifications

\$125 Exam Fee

\$75 In-Office Exam Fee

\$\_\_\_\_\_ Total Amount Due.

16. Payment: ("X" one option)

Check payable to The American Board of Certification is enclosed.

Please charge my credit card.  
(we accept Visa, MasterCard and American Express)

17. Credit Card information (if applicable).

Type of card:  Visa  MC  AMEX

Card Number: \_\_\_\_\_

Expiration Date: (MM/YY) \_\_\_\_\_

Name as shown on card: \_\_\_\_\_

Address where card is billed to: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

(written, not typed)

18. I have reviewed the summary of the ABC certification standards and believe that I am qualified by certification as listed above. By submitting this short form application, I agree to be bound by all rules and regulations of the ABC. I also understand that application fee(s) are non-refundable, even if I choose not to complete the certification process, my application is not approved by the ABC, and/or I do not successfully complete the certification exam. ABC is incorporated in the State of Virginia and the laws of Virginia shall govern both this application and any disputes between the applicant and ABC, its officers, directors, employees or volunteers.

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

Sign: \_\_\_\_\_

Dated: \_\_\_\_\_

\*\*Applicants must successfully complete all sections of the certification examination by December 31 of the year following the date ABC received the applicant's initial Short Form Application. For example, if this application is dated May 25<sup>th</sup>, 2020, then the applicant has until December 31<sup>st</sup>, 2021 to pass all sections of the exam.