



Alternate Entry Path Application Instructions

Clinician Educator Pathway

1. Collect the items listed in the [Clinician Educator Pathway Checklist](#) and submit them via the online application.

[Apply Online Now](#)

2. Mail the \$2,500 check for the application fee to:

ABA Secretary
The American Board of Anesthesiology
4208 Six Forks Road, Suite 1500
Raleigh, NC 27609-5765

3. Complete the details below, print this form, and mail it with your check. The information should match the information submitted in the online application.

Program: _____

RRC Number: _____

Department Chair's Name: _____

Department Chair's Signature: _____

Program Director's Name: _____

Program Director's Signature: _____

Applicant's Name: _____

Applicant's Signature: _____

Applicant's SSN: _____

Applicant's Birth Date: _____