

Alternate Entry Path Application Instructions

Exceptional Clinician Pathway

1. Collect the items listed in the [Exceptional Clinician Pathway Checklist](https://info.theaba.org/acton/fs/blocks/showLandingPage/a/34108/p/p-014d/t/page/fm/0) and submit them via the online application.

<https://info.theaba.org/acton/fs/blocks/showLandingPage/a/34108/p/p-014d/t/page/fm/0>
2. Mail the \$2,500 check for the application fee to:
ABA Secretary
The American Board of Anesthesiology
4200 Six Forks Road, Suite 1100
Raleigh, NC 27609-2687
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 Name:

Department Chair Signature:

Program Director Name:

Program Director Signature:

Applicant Name:

Applicant Signature:

Applicant SSN:

Applicant Birth Date:
