



Re-Application Request for Candidates Less Than 2 Years from Last Approval  
Deadlines: Spring Exam - February 1 & Fall Exam - August 1

Date:

Name:

Address:

Email:

To whom it may concern:

I would like to take the exam in the \_\_\_\_\_ (Spring or Fall) of \_\_\_\_\_ (Year).

\_\_\_\_\_ I paid my \$75.00 Re-Examination Fee online by logging in with my last name and ID# on the [ABIH website](#).

\_\_\_\_\_ I am enclosing a Check or Money Order for \$75.00 for the Re-Examination fee made payable to ABIH in US funds.

Sincerely,

\_\_\_\_\_  
Signature

6005 W. St. Joseph, Suite 300, Lansing, MI 48917 • (517) 321-2638 Ph • (517) 321-4624 Fax • [prim@abih.org](mailto:prim@abih.org) Email

August 16, 2017