



## 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.

<https://info.theaba.org/acton/media/34108/aep-clinician-educator>

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: \_\_\_\_\_