



**2008 REGISTRATION FORM
FOR THE FALL OPEN MONITORED ASSESSMENT SITES**
***** IMPORTANT *** This Form Must Accompany Your Application Materials**

Please Print:

Name: _____ Last 6 digits of Social Security Number: _____
Work Address: _____
City: _____ State _____ Zip _____
Clinical Specialty: _____
Applicant's Signature: _____

Please register me for the 2008 TAGME Open Monitored Assessment Site indicated below. I understand that my application and registration materials must be received by TAGME, postmarked on or before June 6, 2008. I also understand that I will receive instructions regarding required appropriate measurement / assessment information upon receipt of this form.

- _____ Advocate Lutheran General Hospital, Chicago, Illinois
- _____ Case Western School of Medicine, Cleveland, Ohio
- _____ EKLMC Medical Center, Baton Rouge, Louisiana
- _____ Emory University, Atlanta, Georgia
- _____ Indiana University School of Medicine, Indianapolis, Indiana
- _____ Mayo School of Graduate Medical Education, Rochester, Minnesota
- _____ University of Miami, Miami, Florida
- _____ University of Michigan, Ann Arbor, Michigan
- _____ University of South Carolina, Columbia, South Carolina
- _____ University of Texas Health Center-San Antonio, San Antonio, Texas
- _____ University of Wisconsin, Madison, Wisconsin
- _____ Vanderbilt, Nashville, Tennessee

I will be sitting for:

- _____ Initial certification: Global and Clinical Specialty Monitored Assessment Tools
- _____ Retake – Global and Clinical Specialty Monitored Assessment Tools
- _____ Retake – Global Monitored Assessment Tool
- _____ Retake – Clinical Specialty Monitored Assessment Tool

Please return to: Ellen Greenberger, C-TAGME
Department of Orthopaedics
11100 Euclid Avenue
HH 5043
Cleveland, Ohio 44106
Email: resicoordinator@tagme.biz