THE AMERICAN BOARD OF
VENOUS & LYMPHATIC MEDICINE

Application for Waiver of Certification Exam Requirements or Policies

Applicant Name: _____ Date (M/D/YY): _____

Email Address: _____ Phone: _____

1. For what specific eligibility item are you requesting a waiver? Please refer to a page in the *Certification Exam Application Requirements & Policies* document. For each item, please complete a separate waiver form.

2. Explain the circumstances and reasons you believe you should be granted a waiver for the specific criterion? Attach any relevant documentation to support your waiver request. Continue explanation on additional pages as needed. Be sure your name appears on all pages.