

B READER SCHEDULING FORM
(PLEASE PRINT)

DATE:

LAST NAME:

FIRST NAME:

MI:	INITIALS:	M.D.	D.O.	BIRTHDATE:
		<input type="checkbox"/>	<input type="checkbox"/>	

HOSPITAL OR DEPT (OPTIONAL):

STREET ADDRESS 1:

STREET ADDRESS 2:

CITY:	STATE:	ZIP CODE:
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US Citizen?	Yes	No	COUNTRY (IF NOT US):
	<input type="checkbox"/>	<input type="checkbox"/>	

TELEPHONE 1:	TELEPHONE 2:
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EMAIL:	Exam Type?	Initial	Recert
		<input type="checkbox"/>	<input type="checkbox"/>

EXAM DATE CHOICE 1:	EXAM DATE CHOICE 2:
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MEDICAL LICENSE#:	STATE ISSUED:
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****YOU WILL NEED TO PROVIDE A COPY OF YOUR CURRENT MEDICAL LICENSE TO KEEP ON FILE****
(IF LICENSED IN MULTIPLE STATES, PROVIDING ONLY ONE IS NECESSARY)

SIGNATURE: _____ DATE: _____

2023 B Reader Examination Dates

January 2023	
Monday	January 9
Monday	January 23
Monday	January 30

February 2023	
Monday	February 6
Monday	February 13
Monday	February 27

March 2023	
Monday	March 6
Monday	March 13
Monday	March 20
Monday	March 27

April 2023	
Monday	April 3
Monday	April 10
Monday	April 17
Monday	April 24

May 2023	
Monday	May 1
Monday	May 8
Monday	May 15
Monday	May 22

June 2023	
Monday	June 5
Monday	June 12
Monday	June 26

July 2023	
Monday	July 10
Monday	July 24

August 2023	
Monday	August 7
Monday	August 21

September 2023	
Monday	September 11
Monday	September 25

October 2023	
Monday	October 2
Monday	October 16

November 2023	
Monday	November 6
Monday	November 20

December 2023	
Monday	December 4
Monday	December 18