2020 ABDSM EXAM INSTRUCTIONS – REGISTERING FOR THE EXAM

The exam will be offered **September 6-20, 2020** at a Kryterion testing center of your choice. Visit <u>http://www.kryteriononline.com/Locate-Test-Center</u> to identify a testing center near you.

1. Log in to your Kryterion Account at http://www.webassessor.com/abdsm/index.html



2. <u>Register for an Exam</u>



Click "Register for an Exam". You will then be taken to a page titled Exam Registration.

3. <u>Click the "Get Now" link on the "Testing Center" option.</u>

2020 ABDSM Exam - At Home	OLP only Secure wrapper online Pre-requisites: Retake Policy :	121 121	PR000017	Online Proctored	FREE Get Now
2020 ABDSM Exam - Testing Center	Pre-requisites: Retake Policy :	isi isi	PR000014	Onsite Proctored	FREE Get Now

4. <u>Select the testing center of your choice.</u>

Co	ountry: United States	•	Province/State:	Illinois	• (City:	All 🔻
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ost	al Code 60532 Rang	le 10 miles •					
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			City	Province/State	Country	Мар	Important Location Information
	AILABLE TESTING CEI	NTERS	city Carol Stream	Province/State Illinois	Country United States	Мар <u>Мар</u>	

Fill in the search parameters with your country, city and state OR your postal code and search range. Check the box of the testing center at which you wish to schedule and click "select."

5. <u>Select your date and time.</u>

Toggle the calendar to September 2020 and select a date within the testing window. Available dates for your testing center will show **in bold** on the calendar. Click on the day of your choice. Times for the day will then display; select a time in the right-hand box.



If you are unable to select a day/time for the selected testing center, this means that testing center is unavailable for testing. Click "cancel" in the lower right to go back to **Step 3** and select a different testing center.



Available

Not Available

6. <u>Read the terms, check the "acknowledgement" box, and then click the</u> <u>"Select" button.</u>

When taking an exam at a testing center please arrive up to 15 minutes early, and provide the proctor with the Test Taker Authorization Code. Please note: You must bring your Test Taker Authorization Code or the proctor will not be able to load your assessment. You will be required to provide the Exam Proctor two (2) forms of identification (one must be a photo Government issued ID). Secondary identification would be a credit card, bank debit card, employee identification card. NOTE: In the United States a Social Security card is "not" an acceptable form of identification. No Shows and Cancellations: I understand I can reschedule my test session appointment with more than 72 hours notice without penalty. I understand I cannot reschedule or cancel my scheduled test session appointment with less than seventy-two (72) hours notice and would require contacting ABDSM. I understand that if I do reschedule or cancel my registration with less than 72 hours notice, I may be required to pay an additional fee. Special Accommodations: I understand it is my responsibility to request any special accommodations (which requires 30 days advance notice) that I may require through my test sponsor for test sponsor approval and test center arrangement prior to scheduling my test session. If you require a special accommodation and have not already made arrangements with your test sponsor, please click the Cancel button below and contact ABDSM.

@ I acknowledge that I have read and understood all the information stated in the above text box and agree to abide by these terms and rules.

Cancel

7. <u>Review your registration.</u>

Exam Exam: 2020 ABDSM Exam	Details Schedule : Tuesday, 08 September 2020	Price 0.00	Action Remo
Length : 180 minutes	Start Time : 10:00 (UTC-05:00) Location : <u>Change</u>) Royal Health Institute_Midlothian 4645 West 147th Street Midlothian, Illinois 60445		iis button to go l dit your selectior
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RECEIPTS REGISTER FOR AN EXAM MY ASSESSMENTS HOME

On this page, review the exam information to ensure accuracy for the date, time, and location you have selected. If all the details listed are correct, click "Check Out." *Note: there is no cost associated with this registration.*

If any of the details are incorrect, <u>do not hit the back button</u>, instead click "Change" and you will be taken back to **Step 4**.

8. Save your registration confirmation.

Thank you for scheduling your exam. A confirmation email has been sent to you. If you do not receive this email, contact the ABDSM at <u>info@abdsm.org</u>.

Candidate Name : Jane Dentist

Assessment :

Scheduled Date: Start Time: Candidate Authorization Code: Testing Center Location:



The testing center is located on the South side of 147th Street next to Kenootz Pizza. If coming from I-57 or I-294, exit West on 147th Street. Free Parking is available in front of the Royal House building.

An email confirming your registration will be sent you. Save and print this email – you must bring a printed copy with you on the day of your exam.