



**American Academy of Neurology**  
**2025 Residency In-service Training Examination (RITE)**  
**Practicing Physician/Fellow Registration Form**

Please **type or print clearly** the following information:

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**Last Name**

**First**

**Degree**

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**AAN ID**

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**Address**

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**City**

**State**

**Zip**

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**Daytime Telephone**

**Email**

**Neurology Program Information:**

Neurology Residency Program Name: [Click or tap here to enter text.](#)

Neurology Residency Program Number: [Click or tap here to enter text.](#)

**RITE Testing Site & Date:** indicate the site's Neurology Program Name and 4-digit Program ID where you will take the exam. Please also indicate which date you will be sitting for the exam.

**Testing Site Program Name & Address:**

Testing Site Program ID: [Click or tap here to enter text.](#)

Testing Dates:  2/6/2025  2/7/2025  2/8/2025  2/9/2025  2/10/2025  2/11/2025

**Fee:**  \$260 Junior member

\$360 all other AAN  
member types

\$460 AAN  
nonmembers

**Deadline:** Applications and payment must be received on or before **December 6, 2024**. Please email a copy of the completed registration form to [TheRITE@aan.com](mailto:TheRITE@aan.com)