Exam Score Verification Form

Instructions:

This form must be completed in its entirety. Please print or type all information and include a check, money order or credit card processing fee in the amount of: $35.00 USD. The Exam Score Verification Form will be returned due to incomplete information, failure to sign the form or pay the fee.

In deciding whether to have your score verified, please consider that ARDMS examinations are scored electronically with a high degree of accuracy. It is therefore unlikely that verification will alter your original score.

Date __________________________ ARDMS Registry No. __________________________

Name __________________________

Address __________________________

City __________________________ State __________ ZIP/Postal Code __________________________

Phone No. __________________________ E-mail address __________________________

Name of exam __________________________

Date of exam __________________________

Payment Information

PAYMENT: (US Dollars only):

Check □ Money Order □ CREDIT CARD: MasterCard □ VISA □

Card number: ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___

Expiration Date (month/year) ______ ______ / ______ ______

Cardholder Name __________________________

I certify that the information provided above is correct.

Signature __________________________ Date __________________________

Your request will not be processed without a signature.

You can mail this form with money order or check payment to: ARDMS
ATTN: Accounting
1401 Rockville Pike, Suite 600
Rockville, MD 20852

You can fax this form with credit card payment to: ARDMS
ATTN: Accounting (301) 576-3742

ARDMS OFFICIAL USE ONLY

Received __________________________ Sent to Accounting __________________________

Payment Applied __________________________ Verification Made __________________________