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The globally-recognized standard of excellence in sonography

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

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Payment Applied _____ Verification Made _____