



ARDMS®  
The Ultra sound Choice®

**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: Exam Score Verification  
51 Monroe Street, Plaza East One  
Rockville, MD 20850-2400

You can fax this form with credit card payment to:  
ARDMS  
ATTN: Exam Score Verification (301) 738-0312

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Received _____	Sent to Accounting _____
Payment Applied _____	Verification Made _____