



**ARDMS<sup>®</sup>**  
**The globally recognized standard  
of excellence in sonography**

### **Examination Switch Information**

ARDMS is aware that mistakes can be made; therefore ARDMS has implemented a new policy. Applicants who submit an ARDMS application with the wrong examination selected can fill out the *Examination Switch Form* and pay a \$60 USD processing fee to have the examination switched. Once payment has been received, ARDMS staff will reprocess the application internally and switch the examination for the applicant.

The application and supporting documentation will no longer be returned to the applicant. The applicant will no longer have to fill out another form and resubmit the application and supporting documentation.

The ARDMS Board of Directors approved this new process in an effort to streamline the process for switching incorrectly selected ARDMS examinations.

The *Examination Switch Form* must be utilized before the standard 90-day eligibility period to schedule an examination has expired. It is strongly suggested that candidates submit the *Examination Switch Form* promptly upon receiving the examination-confirmation letter and realizing that the wrong examination was selected. Early submittal will help ensure availability at the testing center on the candidate's requested date. The 90-day eligibility period will not be extended upon receipt of the *Examination Switch Form*. Candidates will still have the same eligibility deadline to schedule an examination. So, the earlier the *Examination Switch Form* is submitted, the more time the candidate has to schedule an examination.

The *Examination Switch Form* cannot be used after an ARDMS examination has already been taken.

1. A request to have an incorrectly selected examination switched must be made by filling out the *Examination Switch Form* and providing payment of \$60 USD. The form and payment must be received at the ARDMS office, no later than four business days (not including Saturdays, Sundays or holidays) prior to the last date of the eligibility period.
2. If the candidate already has a scheduled appointment to examine, it is the candidate's responsibility to contact the testing vendor directly (PearsonVUE at 877-258-9220) to cancel the scheduled appointment a minimum of four business days (not including Saturdays, Sundays or holidays) prior to the scheduled exam date. Once the appointment has been cancelled, the testing vendor will provide the candidate with a cancellation number. Please write this cancellation number in the appropriate area on the *Examination Switch Form*.

It is not necessary to contact the testing vendor if no appointment has been made at the time of the examination switch request.

3. Once the examination switch request has been approved, the candidate will receive another examination-confirmation letter in the mail. (Remember, the 90-day eligibility period to sit for an ARDMS exam will remain the same.)



**ARDMS®**  
The globally recognized standard  
of excellence in sonography

### Examination Switch Form

Date \_\_\_\_\_ Examination Cancellation No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

**Original Examination Applied For** \_\_\_\_\_

**Examination to Switch to** \_\_\_\_\_

### Payment Information

PAYMENT: \$60 USD

Check Money Order CREDIT CARD: MasterCard VISA

Credit Card Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

You can mail this form with payment to:  
ARDMS  
ATTN: Accounting  
51 Monroe Street, Plaza East One  
Rockville, MD 20850-2400

You can fax this form with credit card payment to:  
(301) 738-0312, ATTN: Accounting

Takes 10 days to process.

**ARDMS OFFICIAL USE ONLY**

Received \_\_\_\_\_ Sent to Accounting \_\_\_\_\_

Payment Applied \_\_\_\_\_ Switch Made \_\_\_\_\_