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 __________________________
Payment Applied __________________________
Sent to Accounting _______________________
Verification Made ________________________