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 APCA examinations are scored electronically with a high degree of accuracy. It is therefore unlikely that verification will alter your original score.

Date ____________________________ Certification # ____________________________
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: APCA
ATTN: Accounting
1401 Rockville Pike, Suite 600
Rockville, MD 20852

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

APCA OFFICIAL USE ONLY

Received ______________________________  Sent to Accounting ______________________
Payment Applied _______________________  Verification Made ______________________

5/2016