



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 _____