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 and ARDMS sonographer-level 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):

<table>
<thead>
<tr>
<th>Check</th>
<th>Money Order</th>
<th>CREDIT CARD:</th>
<th>MasterCard</th>
<th>VISA</th>
</tr>
</thead>
</table>

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 __________________________
Payment Applied ____________________
Sent to Accounting ____________________
Verification Made ____________________