



### 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) :

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 \_\_\_\_\_