PROFESSIONAL TESTING CORPORATION

Handscore Report Request Form

Directions/information: Candidates may request a handscore of their data file. Handscoring is a manual check of the data file to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. The request to handscore an examination will not grant permission to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs handscores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from "fail" to "pass" through handscoring.

CANDIDATE INFORMATION:

Current Last Name: _____ First: _____ M.I. _____

Name at time of exam (Last, First, M.I., if different): _____

Current Address: _____
(Street) (Apt. #)

_____
(City) (State) (Zip code)

_____
(Country)

Email Address: _____ Phone No:(____) _____

HANDSCORE INFORMATION:

Name of Examination: _____

Date of Examination: _____ PTC Candidate ID Number: _____
(Month / Year) *(If Known)*

Note: Handscore requests more than 12 months after your original test date will NOT be processed **Fee: $25.00 Per Report**

Total Fees: _____

Please note that the results of the handscore of your examination will only be sent by email. Please allow 10 business days for processing from the date we receive this form.

PAYMENT AND SIGNATURE:

CREDIT CARD

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

_____

Charge my credit card for the total fee of: $_____

Card type: _____ Visa _____ MasterCard _____ American Express Expiration Date: _____
Month/Year

Card Number: | | | | | | | | | | | | | | | | |

Signature: _____

I have read the instructions for this form. I certify that the information provided above is correct.

Signature: _____ Print Name: _____ Date: _____

PROFESSIONAL TESTING CORPORATION

SUBMIT COMPLETED FORM WITH PAYMENT TO:
eforms@ptcny.com or
Professional Testing Corporation
1350 Broadway, Suite 800, New York, NY 10018
Phone: 212-356-0660 Fax: 212-356-0678 www.ptcny.com

PTC22001