Exam Score Verification Request Form

Candidates who fail the examination may request a verification of their exam score. Exam score verification is a manual check by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely rare, this service is available. Requests for exam score verification must be received no later than 90 days after the date of the examination by completing and returning this Exam Score Verification Request Form along with payment of $35.

Candidates will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any portion of the examination, including the questions answered incorrectly. To ensure correct reporting of results, PTC automatically performs verification 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 this exam score verification process.

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:(_____) _____

EXAMINATION INFORMATION:

Name of Examination: _____

Date of Examination: _____ PTC Candidate ID Number: _____

Note: Verification requests more than 90 days after the original test date will NOT be processed

Fee: $35.00 Per Report

Total Fees: _____

Note that the results of the exam score verification of your examination will only be sent by email and will only indicate that your exam score has been verified and if there is a change to your score. There will not be a detailed report of itemized questions you answered incorrectly. 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: _____

SUBMIT COMPLETED FORM WITH PAYMENT TO: eforms@ptcny.com
Professional Testing Corporation
1350 Broadway, Ste. 800
New York, NY 10018

PTC24036