

REQUEST FOR DUPLICATE SCORE REPORT/CERTIFICATE

AMAPCERTIFICATE

NA SCORES

EDUCATE THE EDUCATOR CERTIFICATE

Please complete the following form with your current name and address. All information must be complete and accurate to ensure proper processing.

Name _____

Street _____

City _____ State _____ Zip _____

Telephone Number _____ SS Number _____

SOCIAL SECURITY NUMBER DISCLOSURE: Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary for the purpose of internal identification, and may be used to verify information on your application, (class admissions and completions, competency evaluation testing, re-registration and reciprocity applications, etc), to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

In accordance to the 42CFR 483.156(c), failure to provide requested information may result in your application being returned, or a delay in processing.

If the above information was different at the time you were tested, please indicate original information.

Name _____

Street _____

City _____ State _____ Zip _____

I hereby authorize PHD to send me at the address above a duplicate of my score report.

Your signature _____ Date _____

Payment Options Personal Checks Not Accepted

AMX Certified Check Facility check Money Order VISA MC Discover

Credit Card # _____ Expiration Date (M/D/YYYY) _____ CVV2 _____

Print/Type name as it appears on credit card _____

Street Address _____ City _____ State _____ Zip Code _____

Amount to Charge Card _____ Phone number (xxx-xxx-xxxx) _____

Authorized Card Holder Signature _____ Date _____

Mail application and \$20.00 fee to:

Professional Healthcare Development, LLC
P.O. Box 399
Ona, WV 25545