

Exam Registration Form- for Clinical Exam

If you are a current member of ASPMA, you are eligible to take the certification exam
YOU MUST ENCLOSE A COPY OF YOUR CURRENT MEMBERSHIP CARD WITH THIS EXAM REGISTRATION FORM.

Name _____

Employer _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ E-mail _____

Requested Exam Site _____

Exam Fee- \$50 (Must be received at least 30 days prior to exam date)

Late Fee - \$25 (if received after the 30 day deadline)

Have you enclosed the following? (check-off list)

Completed Exam Registration Form	(yes) _____
A check in the amount of \$50	(yes) _____
A late fee of \$25	(yes) _____
A copy of your current ASPMA Membership Card	(yes) _____

Mail completed form, check and copy of ASPMA membership card to:

Joan Gordon, PMAC
Chair, ASPMA Qualifying and Examining
P.O. Box 254
Lamar, PA 16848

Phone: (570) 726-3215 Fax: (570) 726-6978 E-mail: jgordon@cub.kcnet.org

PLEASE NOTE: Upon receipt of your Exam Registration Form, Fee and Proof of Eligibility, you will be sent a "Confirmation" that MUST be presented to the Exam Proctor on the day of the exam.