

## Exam Registration Form – for Administrative 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 \_\_\_\_\_

Cell Phone \_\_\_\_\_

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:

Sue Hasenour, PMAC

4472 S Cross Street

Saint Anthony, IN 47575

Phone: (812) 326-2046 FAX: (812) 326-2659 E-mail: [hasenourjs@verizon.net](mailto:hasenourjs@verizon.net)

**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.

**\*VISA, Mastercard, American Express or Discover – If you wish to pay by credit card. Please circle which card you are using.**

Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Zipcode \_\_\_\_\_

Signature Required \_\_\_\_\_

CVV # (3 digit number on back of card) \_\_\_\_\_