

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 _____

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

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) _____