TEST SCORE VERIFICATION FORM

Date: _____

Please be advised that the IC&RC charges the following fees for written verification of international certificates or test results. Please complete the form below and return with appropriate fee (money order payable to IC&RC or credit card) to IC&RC, 298 S. Progress Ave., Harrisburg, PA 17109. If you are ordering by credit card you may fax this to 717-540-4458.

( ) $15 Original verification letter/mailed, faxed or emailed
( ) $10 Each – copies sent to other addresses/faxes/emails
( ) $10 Form completed/mailed or faxed

Your Name: _____

Address: _____

_____

Phone: _____ Fax: _____Email: _____

Test taken (circle one): AODA AAODA CPS CCS CCJP CCDP

For test results, please state the date and testing board: _____
Date Board

Information for original verification letter:

Send to: _____

_____

_____

_____

_____

Phone: _____ Fax: _____Email: _____

Copy send to: _____

_____

_____

_____

Phone: _____ Fax: _____Email: _____

Fee can be paid using one of the following: Money Order to IC&RC or Credit Card

( ) Visa

( ) MasterCard

Credit Card _____ - _____ - _____ - _____

Expiration Date: _____ /_____ 3 Digit Security Code: _____

Name on Card: _____

Address of Cardholder: _____

_____

Signature: _____