

**DPM Radiology Exam Registration Form**

If you are a current member of the ASPMA (American Society of Podiatric Medical Assistants) you are eligible to take the Radiology Certification Exam.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_ fax number \_\_\_\_\_

Email \_\_\_\_\_ ASPMA # \_\_\_\_\_ APMA# \_\_\_\_\_

Exam Registration Fee **\$125.00**. An email with the Radiology Certification examination will be emailed to you with the exam instructions.

Mail registration form with a check made payable to ASPMA Qualifying and Examining to:

**ASPMA  
1616 North 78<sup>TH</sup> Court  
Elmwood Park, IL 60707  
Phone: 888-882-7762**

*\*a \$25.00 fee will be charged for all returned checks*

**OR**

**Fax registration form with credit card information and signature to: 708-456-4947**

Circle one:                  Visa                  Mastercard                  Discover                  AmEx

Name on card: \_\_\_\_\_

Card number \_\_\_\_\_ exp: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Billing address \_\_\_\_\_

Signature \_\_\_\_\_