

EXAM REGISTRATION FORM/STUDY GUIDE

If you are a current member of ASPMA you are eligible to take the Administrative Certification Exam.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ Email: _____

Cell Phone: _____ Requested Exam Site: _____

CIRCLE EITHERADMINISTRATION OR CLINICAL

Exam Registration Fee - \$325.00 (If received at least 30 days prior to exam date)

Exam Registration Fee – \$375.00 (If received within 30 days of exam date)

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

ASPMA
1616 North 78th Court
Elmwood Park, IL 60707
Phone: 888-882-7762

A \$25.00 fee will be charged for all returned checks.

OR

Fax with credit card information and signature to 708-456-4947

Please Print Legibly

Circle One: VISA MasterCard Discover American Express

Name as it appears on card: _____

Card Number: _____ Expiration Date: ____/____/____ CVV Code: _____

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Signature: _____

Upon receipt of your Exam Registration Form, fee, and proof of membership you will be sent a confirmation of registration. Please present this confirmation to the Exam Proctor on the day of the exam.