

**DPM RADIOLOGY REGISTRATION FORM**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Requested Exam Site: \_\_\_\_\_

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

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

ASPMA  
109 First Street  
Itasca, IL 60143-2114  
Phone: 888-882-7762

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

**OR**

**Fax with credit card information and signature to 847-773-9976**

***Please Print Legibly***

**Circle One:**    VISA        MasterCard        Discover        American Express

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address **(if different than above)**: \_\_\_\_\_

Email (For Receipt): \_\_\_\_\_

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.**