



DPM RADIOLOGY REGISTRATION FORM

If you are a current member of the ASPMA and DPM in good standing with the ASPMA you are eligible to take the Radiology Certification Exam.

Name: _____ APMA # _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Fax Number: _____ Email: _____

Cell Phone: _____ Requested Exam Site: _____ Online: _____

Exam Registration Fee - \$400.00 A study guide will be sent and should be received within three weeks of registration (this is included with the price of the exam)

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

ASPMA

109 First Street

Itasca, IL 60143-2114

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: ____/____/____ CCV _____

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 Procor on the day of the Exam. Online exams are also available.