SCORE TRANSFER REQUEST APPLICATION
For National Association of Long Term Care Administrator Boards

Complete this form indicating method of payment below and mail to PSI.

Candidate ID Number* ________________________  Test Date _____________________
*If you do not know the number, please call the state/jurisdiction for which you took the exam for this information.

State/Province Applied for Examination

Name of Examination: □ CORE  □ NHA  □ RC/AL  □ HCBS  □ Other __________

Last Name          First Name          Middle Name

Previous Name (If the current name is different from name used on test date)

Address

City  State  Zip Code

Email Address  Phone Number

Score Transfer Information and Fee

State(s) or Province(s) where your exam score should be transferred

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($70 x number of transfers per examination) TOTAL $

PSI Client Services
18000 W. 105th St.
Olathe, KS 66061-7543
Fax: (913) 895-4652

Method of Payment: Credit cards (MasterCard/VISA only), cashier’s check, money order, certified check or business checks. Personal checks and cash are not accepted.

☐ Cashier’s check, money order, certified check or business check payable to PSI Services.
☐ MasterCard    ☐ Visa    Credit Card Number ____________________________
Expiration Date ________________________  CSV Number ________________________

I agree to pay the above TOTAL amount according to card issuer agreement.
I certify that the information provided above is correct.

Signature
Date