



**National Board of Echocardiography**  
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## **Request for Examination Re-Scoring**

### **Exam Year You Would Like Re-Scored**

**ASCeXAM** \_\_\_\_\_  
**ReASCE** \_\_\_\_\_  
**Advanced PTEeXAM** \_\_\_\_\_  
**RePTE** \_\_\_\_\_  
**Basic PTEeXAM** \_\_\_\_\_

Name (as shown on Score Report) \_\_\_\_\_

ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Fee \$100.00 (US Funds)**

### **Payment Options**

Check       Money Order

Visa       MasterCard

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Allow 6-8 weeks for results to be received. Results will be emailed to the email address on file in our database.**