



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 _____
ReBasic PTEeXAM _____
CCEeXAM _____

Name (as shown on Score Report) _____

ID Number _____ Date of Birth _____

Fee \$100.00 (US Funds)

Payment Options

Check

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.