



NATIONAL BOARD OF ECHOCARDIOGRAPHY, INC.

Certificate Reprint Form

Name _____
(Last Name) (First Name)

Note: Name on certificate will be typed as we have in our database. If your name has changed, you must submit a legal court document with the new name.

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____

Exam Taken: ASCeXAM ReASCE Advanced PTEeXAM Basic PTEeXAM RePTE

Year Exam Was Passed: _____

Certificate Being Requested: Exam Certificate Certification Certificate

Submission Instructions

Complete the fields above and email to info@echoboards.org.