



# Request for NBPME APMLE Scores



Please print clearly, neatly, and completely.

## Candidate Information

Last Name (at time you took the exam)	First Name	Middle Initial
Date exam was taken	Year of Graduation	
Email Address	Home Phone Number (including area code) (            )	
Check scores to be sent: <input type="checkbox"/> Part I <input type="checkbox"/> Part II	Social Security Number (optional)	

**Your Address Information.** Please print YOUR full name and address below. This information will be used as the return address when your scores are sent.

Current Name	
Address	
City/State/Zip	

## Recipient's Address Information.

Please print the exact state board/department name, attention to, and address to which scores are to be sent. Please ensure each line is fully completed to ensure timely delivery of your scores.

State Board/Department	
Attention To	
Address	
City/State/Zip	

Current Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Your signature provides authorization for NBPME and Prometric to release your records as you indicated above.)

## Payment Information

The score report request fee is **\$35**. This fee covers the transmittal of Part I and Part II scores and must accompany each request.

- If paying by **certified check, cashier's check, or money order**: Mail this completed form and payment to: PROMETRIC/NBPME, 7941 Corporate Drive, Nottingham, MD 21236
- If paying by **credit card**: Please complete the information on the last page and FAX to 800.813.6670.

## Application Payment by Credit Card



Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Card Type (Check One)

MasterCard     Visa

Card Number	Expiration Date
Name of Cardholder (Print)	
Signature of Cardholder	