



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 | |