REQUEST TO RESCHEDULE TEST APPOINTMENT

Submit to PSI/AMP via:

- Mail: PSI/AMP, 18000 W. 105th Street, Olathe, KS 66061-7543
- Fax: 913-895-4650

Request for (check one):  □ Substitution  □ Cancellation  □ Rescheduling

- To make a substitution, you must submit a completed Substitution/Cancellation Form accompanied by a completed DAANCE Registration Form (page 20) and a valid CPR and/or BLS card for the new registrant.
- Substitutions must be made a minimum of 30 days before the candidate’s expiration of eligibility.*
- Cancellations will not be accepted after 90 days of candidate’s activation.
- If a cancellation is made before 90 days, the sponsoring doctor will receive a refund equal to 50 percent of the registration fee.
- Rescheduled appointment dates must be before the candidate’s expiration of eligibility. Note that rescheduling does not extend eligibility.*

REQUEST FOR CANCELLATION/SUBSTITUTION OR RESCHEDULING

Name _______________________________________________________________________________________

Candidate/DAANCE ID _________________________________________________________________________

Registrant (Substitute) to be enrolled:

Name _______________________________________________________________________________________

Candidate/DAANCE ID _________________________________________________________________________

Sponsoring Doctor

Sponsoring Doctor Name _________________________________________________________________________

Address _____________________________________________________________________________________

City __________________________________________________ State ___________  ZIP __________________

Phone ________________________________________________ Fax ________________________________

Email _______________________________________________________________________________________

Signature of person requesting substitution or cancellation  __________________________________________________________________________ Date _________________

Please note: You will receive written confirmation regarding your request within 10 business days.
If you do not receive written confirmation within that time period, please contact PSI/AMP at 888-519-9901.

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Candidates may reschedule ONE appointment within the eligibility period at no charge; a rescheduling fee of $85 is required for any subsequent appointment change within the eligibility period. PLEASE NOTE: If this is your first request to reschedule your test appointment, you do not need to complete this form, but PSI/AMP must be contacted at least two business days in advance of your appointment date.

It is your responsibility to complete and submit the rescheduled or reapplication form to PSI/AMP within 30 days of the missed appointment.

Payment type:  □ Check for $85 enclosed  □ Credit Card (MasterCard or Visa)

Credit Card #_______________________________________ Exp. Date________________________________

Name of Cardholder:___________________________________________________________________________

*Failure to comply will result in a candidate’s registration being forfeited.