

# DAANCE Substitution/Cancellation/Reschedule Form



Submit completed form to PSI:

- Mail: PSI, 18000 W. 105th St., 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 19) and a valid CPR, BLS or ACLS card for the new registrant.
- Substitutions must be made a minimum of 30 days before the candidate's expiration of eligibility.\*  
Note: A candidate may be permitted to participate in only one substitution per eligible record.
- 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.\* An \$95 rescheduling fee may apply.
- New course material will not be provided to the substitute registrant.

**REQUEST FOR SUBSTITUTION/CANCELLATION 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 at 833-333-4755.

**REQUEST TO RESCHEDULE TEST APPOINTMENT**

Candidates may reschedule ONE appointment within the eligibility period at no charge; a rescheduling fee of \$95 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 must be contacted at least two business days in advance of your appointment date.

**It is your responsibility to complete and submit this form according to the AAOMS Candidate Handbook Policies.**

Payment type:    Check for \$95 payable to PSI Services, Inc. enclosed    Credit Card (MasterCard or Visa)

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

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