Request for Duplicate DAANCE Examination Score Report

(Duplicate score reports available to sponsoring doctors only.)

Directions: You may use this form to ask the testing agency, PSI/AMP, to send a duplicate copy of your score report. Score reports are only provided to sponsoring doctors. This request must be postmarked no later than 90 days after the examination administration. Proper fees and information must be included with the request. Please print or type all information in the form below. Be sure to provide all information and include the correct fee, or the request will be returned.

Fees: $25 per copy. Please enclose a check or money order payable to PSI/AMP. Do not send cash. Write your test identification number on the face of your payment.

Mail to: Examination Services Department
PSI/AMP
18000 W. 105th Street
Olathe, KS 66061-7543, USA

Amount enclosed $_____

Examination Date _____

Print your current name and address:

Name_____ Credentials _____

Candidate/DAANCE ID_____

Sponsoring Doctor _____ Practice Name _____

Practice Address _____

City _____ State/Prov. _____ ZIP/Postal Code _____

Country _____

Work Telephone _____ Other Telephone (i.e., mobile) _____

Email _____

If the above information was different at the time you were tested, please write the original information below:

Name_____

Candidate/DAANCE ID_____

Sponsoring Doctor _____ Practice Name _____

Practice Address _____

City _____ State/Prov. _____ ZIP/Postal Code _____

Country _____

Work Telephone _____ Other Telephone (i.e., mobile) _____

Email_____

I hereby request PSI/AMP to send a duplicate copy of my score report to the first address shown above.

_____

Candidate signature Date

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