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

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