

DAANCE Substitution/Cancellation Form



REQUEST TO RESCHEDULE TEST APPOINTMENT

Submit to Applied Measurement Professionals, Inc., via:

- Mail: Applied Measurement Professionals, Inc., 18000 W. 105th Street, Olathe, KS 66061-7543
- Fax: 913/895-4650

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

- Cancellations will not be accepted after ninety (90) days of candidate's activation.
- If a cancellation is made before ninety (90) days, the sponsoring doctor will receive a refund equal to 50% of the registration fee.
- Substitutions must be made a minimum of thirty (30) days before the candidate's expiration of eligibility.*
- 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 Number _____

Registrant (Substitute) to be enrolled:

Name: _____

Candidate/DAANCE ID Number _____

Sponsoring Doctor

Sponsoring Doctor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

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 Applied Measurement Professionals, Inc., at 888/519-9901.

REQUEST TO RESCHEDULE TEST APPOINTMENT

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 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 AMP within 30 days of the missed appointment.

Payment type: Check for \$85.00 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.

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