

SCORE CONFIRMATION REQUEST

Please print completed form and submit to MDCB Headquarters by mail.

Date:		
Name:	MDCB #:	
Address:		
	State: Zip:_	
E-mail:	Phone:	

Candidates who wish to have results confirmed by the MDCB testing company, may request a confirmation of score. Please note that the confirmation process is solely meant to verify the accuracy of your exam result. Raw or scaled scores will not be provided.

The deadline for requesting a score confirmation is 30 days after the date results are posted for your review. Requests must be submitted in writing by mail to the MDCB office and must be accompanied by credit card payment. The fee for an exam score confirmation is \$250. Please note that due to security issues, the MDCB cannot accept credit card payment by email.

Score confirmation results will be forwarded by email. Please allow two weeks for a response.

Complete this inform	ation for credit card payment:		
VISA	MasterCard	American Express	
Account Number# _		Exp. Date:	
Cardholder's Name:			
Cardholder's Signatu	ure:		

1120 Route 73, Suite 200 Mount Laurel, NJ 08054 Toll Free: 866-813-MDCB (6322) - Phone: 856-439-1631