



The Board of Registered Polysomnographic Technologists

8400 Westpark Drive, 2nd Floor • McLean, VA 22102 • P: (703) 610-9020 • F: (703) 610-0229 www.brpt.org



Replacement Score Report Request

Candidates are mailed a detailed score report for each exam they take. Candidates who wish to replace lost or damaged score reports may do so using this request form. Replacement score reports carry with them a \$25.00 processing fee. Requests must be submitted either by fax to 703-610-0229 with credit card information, or by printing and mailing this completed form to the BRPT Management Office along with a \$25.00 fee (payable by credit card, certified check or money order only).

THE BRPT DOES NOT ACCEPT PERSONAL CHECKS.

Make certified check or money order payable to BRPT.

Board of Registered Polysomnographic Technologists (BRPT)

8400 Westpark Drive, 2nd Floor

McLean, Virginia 22102

Fax: 703-610-0229

Your Name: _____ **Candidate ID Number:** _____

Please indicate where to send your score report:

Mail to: Myself Third party

(If mailing to yourself, please enter your primary address and indicate Work or Home)

Work Home

Name: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ E-mail: _____

Exam Information: **RPSGT** **CPSGT**

Exam Date or Window: _____ Pass/Fail: _____

Signed: _____ Date: _____

I am enclosing a certified check or money order in the amount of \$25.00.

I am faxing this form and wish to charge the \$25.00 fee to the following

CREDIT CARD INFORMATION:

Credit Card: Visa Mastercard American Express

Card # _____ Exp. Date (mm/yy) _____

Cardholder's Name _____

Total Payment: _____ Your initials: _____