



NATIONAL BOARD OF ECHOCARDIOGRAPHY, INC.

## Certificate Reprint Form

Name \_\_\_\_\_  
(Last Name) (First Name)

*Note: Name on certificate will be typed as we have in our database. If your name has changed, you must submit a legal court document with the new name.*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Exam Taken:**  ASCeXAM  ReASCE  Advanced PTEeXAM  Basic PTEeXAM  ReAPTE

Year Exam Was Passed: \_\_\_\_\_

**Certificate Being Requested:**  Exam Certificate  Certification Certificate

### Payment Information

\$20 per certificate x \_\_\_\_\_ (quantity) = \$ \_\_\_\_\_

Check (*payable to National Board of Echocardiography*)  Money Order  Visa  MasterCard

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date (MM/YYYY) \_\_\_\_\_

Signature \_\_\_\_\_

**Mail Form with Payment to:**

1500 Sunday Drive, Suite 102, Raleigh, NC 27607 USA