EXAM APPEAL FORM

Complete all information.

Name					
Note: Be sure to provide your name **exactly** as you did when you registered for the exam.					
Street address					
City		State		Zip	
Telephone			E-Mail		
Exam date			Test Center		
Employer					
Employer City			Employer State		
Type of Appeal	❒ Rescore ❒ Item Challenge				
Item Challenge Explanation	(Attach additional sheet if necessary)				

I confirm that the information provided is true

Signature _____ Date: _____

Mail with your check for **$25.00** to:

Note: if your appeal is successful, your payment will be refunded.

Virginia Pharmacy Technician Exam Appeal
Schroeder Measurement Technologies
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