



Virginia Board of Pharmacy
Examination Appeal Information

Provided by Schroeder Measurement Technologies



EXAM APPEAL AND RESCORE FORM

Please complete all information.

| | | | | |
|--|--|--|--------------------|------------|
| Name | | | | |
| Note: Be sure to provide your name EXACTLY as you did when you registered to take the examination. | | | | |
| Street Address | | | | |
| City | | State | | Zip |
| Telephone | | | E-mail | |
| Exam Date | | | Test Center | |
| Action Requested: | | <input type="checkbox"/> Rescore Exam <input type="checkbox"/> Challenge an examination question <input type="checkbox"/> Test Center Irregularity | | |
| Explanation of Challenge or Irregularity : | | | | |
| | | | | |
| (Attach additional sheet if necessary.) | | | | |

I affirm that the information I have provided is true.

Signature: _____

Date: _____

Mail this form with a check for \$25.00 to: Virginia Pharmacy Technician Exam Appeal
Schroeder Measurement Technologies, Inc.
25400 US Highway 19 North, Suite 285
Clearwater, Florida 33763

Note: If an appeal is successful, the fee will be refunded.