



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.