

PROFESSIONAL EXAMINATION SERVICE  
ATT: Program Assistant (716)  
475 Riverside Drive  
New York, NY 10115-0089

**EPPP  
ROLE FEEDBACK**

Please type your name and address in the box provided at the bottom of this form as it will be the mailing label for responding to your request. This form will be returned to you with copies of any Role-Feedback reports that you request.

**FEES:            Role Feedback Report                            \$75 for each report**

The fee(s) must be in the form of a **CERTIFIED CHECK** or **MONEY ORDER** made payable to **PES** or **PROFESSIONAL EXAMINATION SERVICE** or by **Credit Card**.

CANDIDATE INFORMATION			SERVICE REQUIRED
CANDIDATE NAME	EXAM ID #	EXAM DATE & STATE/PROVINCE	Role Feedback

Please type your return mailing address in this box and your telephone number to the right of it.

	Telephone Number (include area code)
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EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

**FEE FORM**

The fee for a role feedback report, as of January 1, 2003, is \$75.00 US. Please submit your fees to Professional Examination Service **DIRECTLY**. You **MUST** include this form with your payment. Your payment will not be accepted without this form. You can pay using either a credit card or certified check or money order.

**Candidate Information: THE FOLLOWING INFORMATION IS REQUIRED.** If candidate information is missing, we cannot guarantee your payment will be credited to the appropriate application.

First Name	Middle Name	Last Name		
Address		City	State	Zip Code
Social Security Number/Social Insurance Number		Mother's Maiden Name		

**Credit Card Payment:** Please indicate your agreement to payment by signing below and providing your credit card number and expiration date.

Credit Card (circle one): VISA    MASTERCARD

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Credit Card Number

Expiration Date (MM/YY)

I authorize Professional Examination Service to charge my credit card the amount of \_\_\_\_\_ for hand scoring and/or role feedback of the EPPP.

Card Holder's Name	Card Holder's Signature	\$ Amount
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**Certified Check/Money Order:** If paying with a certified check or money order, make the check payable to "PES" or "Professional Examination Service". Please include your name, social security number, and the name of the state to which you are applying for licensure on the check. If you do not have a social security number, please include your name and your mother's maiden name on the check. **PERSONAL CHECKS WILL NOT BE ACCEPTED.**

**ATTACH CERTIFIED CHECK OR MONEY ORDER HERE.  
ATTACH BY STAPLE OR PAPER CLIP. NO TAPE PLEASE**

Mail this form and payment with your application to: Professional Examination Service, 475 Riverside Drive, New York, NY 10115-0089, ATTN: EPPP A/P