

# THE INTERSTATE REPORTING SERVICE

## Score Transfer Request Application

For Office Use Only

\_\_\_\_\_ DA  
 \_\_\_\_\_ RN  
 \_\_\_\_\_ FEE

**NOTE: Omission or errors will result in delays. Please follow the instructions on the back of this form.**

**Please check appropriate program for which you are applying:**

MFT     
  VTNE     
  REGISTERED SANITARIANS     
  Other (Please Specify) \_\_\_\_\_

**I. APPLICANT INFORMATION:**

Current Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Name at Time of Exam (Last, First, M.I., if different): \_\_\_\_\_ Other Name: \_\_\_\_\_

Current address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ DayTel.No.: ( \_\_\_\_\_ ) \_\_\_\_\_ SSN: \_\_\_\_\_

**II. EXAM INFORMATION:** You must provide the appropriate information about the exam for score transfer.

Date of Examination (mm-dd-yy)	State/Province Applied For Examination	Candidate ID Number

**III. FEES**

**(A) Transfer Fee:** \$50.00 transfer fee per examination.

In the space provided below, print the state(s) to which you want your exam score transferred.

State(s) or Province(s) To Which You Want Your Score Transferred			
1.	\$	2.	\$
3.	\$	4.	\$
5.	\$	6.	\$

**Total (A) \$** \_\_\_\_\_  
 (Number of transfers x \$50.00)

**(B) Expedited Fee:** An **ADDITIONAL \$30.00** for each state/province.

Print below the state(s) or province(s) for which you are requesting expedited transfer.

1.	2.	3.
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**Total (B) \$** \_\_\_\_\_  
 (Number of expedited transfers x \$30.00)

**GRAND TOTAL \$** \_\_\_\_\_  
 (Add line "A" and line "B")

**IV. METHOD OF PAYMENT:**

Credit cards (MasterCard/VISA only), cashiers' check, money order, certified check, or corporate business checks.

**PERSONAL CHECKS WILL NOT BE ACCEPTED**

For credit card payment, you must provide the following: Credit Card Type:       VISA       MasterCard

Expiration Date \_\_\_\_\_ Credit Card# \_\_\_\_\_

Credit Cardholder's Name (if different from applicant's name): \_\_\_\_\_

I have read the instructions on the back of this form. I certify that the information provided above is correct.

☞ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
(Your request will not be processed unless it is signed)

**DID YOU CHECK THE APPROPRIATE EXAMINATION?**

**Mail to: PES, Interstate Reporting Service, 475 Riverside Drive, 6<sup>th</sup> Floor, NY NY 10115-0089. Telephone: 212.367.4342**

## THE INTERSTATE REPORTING SERVICE

The Interstate Reporting Service was established to facilitate the endorsement of certification licenses from one state to another.

Transfer of your scores on an examination may be requested any time after taking the examination. **Your scores are reported to the board in the state or province where you took the test at no charge to you.**

**PLEASE CHECK THE PROGRAM FOR WHICH YOU ARE APPLYING:**

MFT       VTNE       REGISTERED SANITARIANS       Other (Please Specify)

### APPLICATION INSTRUCTION

- I. **APPLICANT INFORMATION:** You must provide your current name, the complete name under which you took the examination, if different, your current address, daytime telephone number, and social security number.
  
- II. **EXAMINATION INFORMATION:** For the examination score you wish to transfer, you **must** provide the date (month, day, year), the state/province where you applied and paid to take examination, your candidate ID number that you wrote on the answer document at the time you tested, and the name of the examination. To verify this information, you may contact the state/province where you applied and took the test.
  
- III. **FEES:**
  - A) **TRANSFER FEE - \$50.00 per score transfer**  
The transfer fee is **\$50.00 per examination for each** transfer to a state/province licensing board to which you want that score transferred.
  
  - B) **EXPEDITED SERVICE FEE - \$30.00 for each state/province**  
You may request expedited service for an **additional \$30.00 for each** licensing board to which you want your scores transferred. Expedited processing time is 5 business days after we receive your request, otherwise, 10 business days. Expedited service may be requested 6 weeks or more after taking the examination. If you wish to have your scores faxed instead of express-mailed, please check with that board as to the acceptability of the faxed Interstate Reporting Service report. You would also need to provide us with the fax number and the name and title of the person you contacted at the licensing board.
  
- IV. **METHOD OF PAYMENT: Credit card (MasterCard/VISA only), certified check, cashier's check, business checks or money order made payable to PES. PERSONAL CHECKS WILL NOT BE ACCEPTED.**

In offering this service PES makes no guarantees that any certification/licensing board will accept a score transfer in lieu of other state requirements for the purposes of certification/licensure.

Applications for the Interstate Reporting Service are distributed at the time of the examination or may be obtained from the licensing boards. This application form may be requested at the same time that you are requesting your endorsement/licensure application from the board of the state/province in which you want to be licensed. Please allow three weeks from the date you mail your transfer request for the reporting of your scores to the licensing board/s. **Please include a self-addressed, stamped envelope with your request if you wish to have us send a confirmation notice that your application has been processed and mailed to the board you requested.**