

DPM RADIOLOGY EXAM REGISTRATON FORM/STUDY GUIDE

If you are a current DPM member of the ASPMA (American Society of Podiatric Medical Assistants) you are eligible to take the Radiology Certification Exam.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ Cell Phone: _____

Email: _____ ASPMA #: _____ APMA #: _____

Exam Registration Fee: \$325

Mail registration form and check payable to **ASPMA Qualifying and Examining to:**

ASPMA
109 1ST Street
Itasca, IL 60143-2114
Phone: 888-882-7762

A \$25.00 fee will be charged for all returned checks.

OR

Fax registration form and credit card information and signature to (847)773-9976.

Please Print Legibly

CIRCLE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name as it appears on card: _____

Card Number: _____ Expiration Date: ____/____/____ CVV Code: _____

Billing Address (if different than above): _____

Email (For Receipt): _____

Signature: _____

Upon receipt of your Exam Registration Form and fee, you will be sent a confirmation email with instructions on how to access Radiology exam online.