DPM RADIOLOGY EXAM REGISTRATION 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.