

Print and Complete Form

CERTIFICATION BOARD OF CARDIOVASCULAR COMPUTED TOMOGRAPHY
SCORE CANCELLATION FORM

I do not wish to have my examination scored. I understand that my score will not be reported to me or to CBCCT, nor will a record of my examination results be kept. I understand that I will receive no refund for my examination fees. I understand that if I want to retake the examination, I must file a new application form and I must submit all of the supporting materials and pay the examination fee again.

Printed Name

Signature

Date

Examination Date

CBCCT ID Number

Signed and dated document must be postmarked or faxed within five (5) days of taking your examination.

Mail form to:

Certification Board of Cardiovascular Computed Tomography
10 Lakeforest Boulevard
Suite 401
Gaithersburg MD 20877
Tel: 240.631.8151

Fax form to:
240.631.8152