



EPPP Score Transfer Service

Request for Score Transfer on the Examination for the Professional Practice in Psychology

FOR OFFICE USE ONLY: Check #: _____ Approval #: _____

I. Applicant Information (Please type or write legibly.)

Current Name: _____ Phone #: () _____

Last, First M.I.

Name under which you took the exam: _____

Date of birth: _____ Social security/social insurance # _____

Current Address: _____
(Street #, Apt. #) City State Zip

Jurisdiction(s) in which you currently are licensed & license #: _____

II. Exam Information (You must provide appropriate information for ALL examination attempts)

Date Exam Taken	State/Province exam was taken for	Candidate ID #
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Score Transfers

Regular Transfer fee: \$85.00 U.S. per transfer (allow four weeks for transfer).

Expedited fee: \$115.00 U.S. per transfer (allow five business days for transfer).

Please check if you hold any of the following: CPQ holder__ Credentials Bank (CB) participant__ IPC holder__
Special pricing for regular transfers: CPQ holders: No fee CB Participants: \$50 IPC Holders: \$50

State/Province/Territory	Transfer Fee@\$85	Expedited@\$30	Total
_____	\$_____	\$_____	\$_____ U.S.
_____	\$_____	\$_____	\$_____ U.S.

Total Due: \$_____ U.S.

IV. Method of Payment

All payments must be in U.S. funds. Regular transfers may be paid by cashier's check, personal check, money order, certified check, corporate business check or major credit card. **Expedited transfers may only be paid by cashier's check or major credit card.** Make checks payable to ASPPB.

Card Type: (Circle One) Visa Mastercard American Express Discover

Name on Card: _____

Credit Card #: _____ Exp. Date: _____

Verification # (On back of card): _____ Amount to be charged to card: _____

Billing Address (If different than above) :

(Street #, Apt. #) City State Zip

Signature: _____

V. Verification

NOTE: Your request will not be processed without your signature. Please read the instructions. It is your responsibility to make sure this form is completed correctly. The score transfer fee will be charged to send corrected transfers due to errors made by you in completing this form.

I certify that the information I have provided is correct.

Signature: _____ Print Name: _____ Date: _____

Mail to: ASPPB, P.O. Box 3079, Peachtree City, Georgia 30269

OR Fax: 678-216-1176

Phone: 678-216-1175