

# RMA-CRC Re-examination Registration Form

If you previously sat for the RMA-CRC exam, you qualify as a re-examinee. This opportunity is available only once. If you have used your re-examination option, you must complete a new application.

**About You: Please Print Clearly**

**Marketing Code: CRCRE**

Member Number \_\_\_\_\_

Mr.\_\_\_\_ Ms.\_\_\_\_ Mrs.\_\_\_\_ Dr.\_\_\_\_

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

Job Title \_\_\_\_\_

Institution \_\_\_\_\_

Preferred mailing address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Payment

Fee: \$250

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Card number \_\_\_\_\_

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Signature \_\_\_\_\_

(I understand my signature authorizes RMA to charge my credit card for this purchase.)

By submitting this RMA-CRC application form I accept the conditions set forth by RMA for the RMA-CRC examination. I understand that I am subject to all policies concerning cancellations refunds, transfers and administration of the test, reporting of the test scores and the complete certification process and policies including the RMA-CRC recertification process. I certify that the information contained in my application is true, complete and correct to the best of my knowledge and is made in good faith.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Questions? Call 800-677-7621 or e-mail us at [rmacertification@rmahq.org](mailto:rmacertification@rmahq.org). Please fax this completed form to 215-446-4100.**