



## Examination Rescore Request Form

To obtain a rescore of your IBHRE examination, please complete and submit this form with payment to the International Board of Heart Rhythm Examiners. (Note: Please be sure information printed below is legible for processing.)

Name & Date of Exam to be Re-scored:

\_\_\_\_\_

Examinee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby request that my examination be rescored. Enclosed with this form is a payment of \$75 to cover the expense of the rescoring process (*See Below*). I acknowledge that the re-assessment of my results will be considered final by the International Board of Heart Rhythm Examiners. I am aware that any remaining complaints or appeals following receipt of this re-score result must be submitted in writing to the IBHRE Review and Appeals Board.

Examinee Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Information

Please enclose \$75.00 for rescore processing

### Method of Payment (Note: Full payment is due with request)

Check enclosed (please make check payable to the International Board of Heart Rhythm Examiners)

Charge my credit card:  MasterCard  Visa  American Express

Name on Credit Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVV (3-4-digit code on back of card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please allow 3-4 weeks for processing. For questions and/or additional information please contact:

IBHRE Associate Director

[info@ibhre.org](mailto:info@ibhre.org) Fax: 1-877-386-1044

10.18.2019