

Council of Interstate Testing Agencies, Inc.
1003 High House Road, Suite 101
Cary, North Carolina 27513
(919) 460-7750

Request for Duplicate Scores

Directions: Examination scores resulting in a candidate being awarded CITA status will automatically be forwarded to those jurisdictions who are members of CITA within (15) fifteen days after a candidate's examination is completed. If a candidate wishes to have his/her scores sent to jurisdictions who are not members of CITA, but do accept the results of CITA, the candidate must complete this form and return it to CITA along with a **certified check, cashier's check or money order in the amount of \$25.00 via U.S. Mail. Faxed copies will NOT be accepted.** (Note: CITA reserves the right, at its own discretion, to require execution of a formal notarized release form).

Name: _____

Address: _____

Telephone Number: () _____

Email Address _____

Name at time of Examination: _____

Date CITA clinical examination was completed: _____

Test Site CITA clinical examination was completed: _____

Name and Address to which results are to be sent: _____

Signature

Date

NOTE: If the candidate wishes to have his/her candidate manual sent along with the requested scores as back-up documentation, the candidate must include an additional fee of \$100.00 (\$50.00 manikin-based; \$50.00 patient-based) for the Dental Manuals or an additional fee of \$50.00 for the Dental Hygiene Manual.