

Print and Complete Form

**CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY**

**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 CBNC, 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.

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Printed Name

Signature

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Date

Examination Date

CBNC 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  
101 Lakeforest Boulevard, Suite 401  
Gaithersburg MD 20877  
Tel: 240.631.8151

Fax form to: 240.631.8152