



Official Score Transfer Request Form

You may use this form to request that ASWB send an official copy of your exam results to an additional licensing board after you have passed the examination. You should have started the application process with the new jurisdiction before requesting this transfer. **COST: \$40.00(US) nonrefundable fee for EACH board specified.** Complete the order form below and forward it with a certified check or money order made payable to ASWB to the address below. Orders may also be placed by phone, fax, mail or online with a credit card (Visa, Mastercard, Discover). **No cash or personal checks.**

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ASWB Candidate Services
P.O. Box 1508
Culpeper, VA 22701

Phone orders:
888.579.3926

Fax orders:
540.829.0142

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www.aswb.org

Payment information	Score transfer information																																																																				
<p>Payment method (check one):</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">Visa</td> <td style="width: 50%;">Discover</td> </tr> <tr> <td>Mastercard</td> <td>Certified check/money order</td> </tr> </table> <p>Card number:</p> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>Expiration date:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td colspan="6"></td> </tr> </table> <p>CID Number (last three digits from back of card in signature panel):</p> <table style="width:100%; border: none;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table> <p>Cardholder's billing ZIP/Postal code: _____</p> <p>Signature: _____</p> <p>Cardholder's name: _____</p>	Visa	Discover	Mastercard	Certified check/money order																																		Month	Year										<p>Indicate below the state(s)/province(s) to which the score report should be sent:</p> <p>State(s)/Province(s):</p> <table border="1" style="width:100%; height: 60px; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table> <p>TOTAL: _____ score transfers @ \$40.00 each = _____</p> <p>Exam taken:</p> <table style="width:100%; border: none;"> <tr><td>Associate</td></tr> <tr><td>Bachelors/Basic</td></tr> <tr><td>Masters/Intermediate</td></tr> <tr><td>Adv. Generalist/Advanced</td></tr> <tr><td>Clinical</td></tr> </table> <p>Date taken:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td colspan="4"></td> </tr> </table> <p>SSN (US)/SIN (Canada): _____</p>				Associate	Bachelors/Basic	Masters/Intermediate	Adv. Generalist/Advanced	Clinical							Month	Year				
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I hereby authorize ASWB to send my official score report to the regulatory board(s) specified.

Candidate's signature Date

Please complete the following with your CURRENT contact information.

Name: _____

Address: _____

City/State or Province: _____

ZIP or Postal code: _____

Daytime telephone: _____

Birthdate: _____

Month	Day	Year					

Email Address: _____

If the above information was different at the time you tested, please provide the original information.

Name: _____

Address: _____

City/State/ZIP or Postal code: _____

Daytime telephone: _____

OFFICE USE ONLY:

Authorization number:
Exam date:
Exam category:
Jurisdiction taken in:
Result:
Date report(s) sent:

If the board doesn't receive the Official Score Report within 14 business days, contact ASWB at 888.579.3926. If you do not call within 60 days of placing your order, you will have to request and pay for a new Official Score Transfer.