

THE NATIONAL ALLIED HEALTH TEST REGISTRY

PLEASE PROVIDE ANY CHANGES THAT HAVE OCCURED AT YOUR SCHOOL
RETURN AT YOUR EARLIEST CONVIENCE
IF YOU HAVE ANY QUESTIONS,
PLEASE CALL AMY HERSH AT (800) 444-0839



CHANGE OF NAME

NEW SCHOOL NAME _____

CHANGE OF CONTACT INFORMATION

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____

PHONE (_____) _____ - _____

PROCTOR CHANGES

PROCTOR NAME _____ Add Remove

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____

POSITION AT SCHOOL _____

CREDENTIALS (if any) _____

PROCTOR NAME _____ Add Remove

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____

POSITION AT SCHOOL _____

CREDENTIALS (if any) _____