Request to Reschedule NAHP Examination

(All information must be complete)

Reschedule fee can be paid online at www.nahpusa.com

Name _____

Street _____ Apt # _____

City _____ State _____ Zip _____

Email _____

Social Security # _____-_____-_____

Requested Test Date _____

Date of Original Test _____

Type of Exam NRCMA NRCPT NRCEKG NRCAHA NRCCS NRDA NRCPCT NRCPhT NRCST

Original Test Site _____

Method of Payment

◯ Mastercard ◯ Visa ◯ Money Order

Credit/Debit Card #

_____/_____ _____

Expiration Date *Cardholder's Signature*

There is a $20.00 fee to reschedule the exam. Please make money orders payable to:

NAHP
PO Box 459
Gardner, KS 66030

Print Cardholder Information:

Name _____

Street _____ Apt# _____

City _____ State _____ Zip _____

Phone ( ) -

This form may also be faxed in (**credit card payments only**) to 913-856-6125

If express testing is needed for individuals, please call our office for more information.

1-800-444-0839