

Council of Interstate Testing Agencies, Inc.
1518 Elm St, Suite A
Sanford, NC 27330
(919) 460-7750

For office use ONLY:

Status Date: _____

Date Mailed: _____

Staff Initials: _____

Date Paid: _____

Request for Duplicate Scores and Additional Manuals

All Dental and Dental Hygiene exam results since 2014 are now available electronically to all State Dental Boards who accept the results from ANY CITA administered examination. This form is only required if an official paper copy of the results are needed due to an individual state board regulation.

Request for Duplicate Scores:

Candidates who wish to receive an *unofficial copy of their results, took their exam prior to 2014, OR a state dental board has requested a paper copy of their scores*, must submit this form to the CITA office and pay the appropriate fees.

Fees: \$35.00 per Jurisdiction Board address. A \$50.00 fee is required per examination manual if requested.

Submit by Mail: This form must be notarized if submitted by mail. Mail form along with a **Certified Check or Money Order** (no personal checks) for the set fee amount.

Submit Electronically (if exam was taken in 2014 or later): *Email form to info@citaexam.com*. Fees will be applied to the candidate's online profile for credit card payment. The request will be processed after payment has been received.

Please submit this form after all exams have been completed and results released. When requested, scores are sent via US mail to State Dental Boards for licensure purposes. FedEx options are available for an additional fee. (Please allow 10 business days for your request to be processed)

(PLEASE PRINT. The information below must match your online candidate profile)

Name: _____ Name at time of examination: _____

Address: _____ City/State/Zip _____

Telephone Number: _____ Email Address _____

Social Security Number: _____ Exam Date/Year: _____ Exam Site Location: _____

Score Verification: DDS Exam Scores: Full Exam: ADEX Status or CITA Status (if taken before 2014)
 Partial Exam (ALL parts taken will be sent)

Dental Hygiene Exam Scores: PTCE (Patient Treatment Clinical Exam) CSCE (if completed)

Requests for Manuals:

Check the manual(s) you wish to receive. Manuals will be sent for the year the clinical exam was completed.

Dental Manikin-based Manual (\$50) Dental Patient-based Manual (\$50) Dental Hygiene Manual (\$50)

Select the format in which the manual(s) will be sent PDF (email must be provided) Mailed via USPS

Name and Address to which results and/or manuals are to be sent:

CANDIDATE

I hereby release, discharge, and hold harmless CITA or representatives and any person furnishing information, records, or documents of any and all liability.

Signature Date

NOTARY (Only required if submitted by mail)

State of _____ County of _____

The statements on this document are subscribed and sworn to before me this _____ day of _____, 20__

Notary Public My Commission Expires

MUST INCLUDE NOTARY STAMP