PROMETRIC

Exam Return Form

Food Safety Programs

❋ Areas marked with a star are required.

❋ Exam Information

Exam date: _____ City/State: _____ Company/Organization: _____

❋ Proctor Information

Proctor name: _____ Proctor number: _____ Phone number: _____

Location information

Store number _____ Choose one: ☐ Corporate ☐ Franchise

❋ Exam Inventory	Quantity	Serial Numbers				
Exams received	_____	_____	to	_____	_____	to _____
	_____	_____	to	_____	_____	to _____
Used exams returned	_____	_____	to	_____	_____	to _____
	_____	_____	to	_____	_____	to _____
Defective exams	_____	_____	to	_____	_____	to _____
Total Exams returned	_____					

❋ Results reporting

❋ Mail certificates and fail letters to (choose one): ☐ Address below ☐ Candidates

❋ Send score reports to (choose one):

☐ Fax to: _____ ☐ Email to: _____

☐ Mail to company/organization: _____

ATTN: _____

Address _____

City: _____ State: _____ ZIP: _____

❋ Payment option (choose one):

☐ Check/money order enclosed

☐ Purchase Order Attached
Only for 10 exams or more

☐ Credit card (Please provide credit card information below)

☐ MasterCard ☐ Visa ☐ American Express

Card number: _____ Expiration (MM/YY): _____

Cardholder name (printed): _____ Cardholder signature: _____

By signing, you acknowledge that you are the card holder and authorize Prometric to charge your credit card.

❋ Please Read and Sign:

This test was administered on the date listed above, at the location listed above, by the Proctor and in accordance with the instructions described in the Policy and Procedures Manual for the Food Safety Program.

Print Proctor Name _____ Proctor Signature _____ Date _____