N C A R B

ARE SCHEDULING VERIFICATION FORM

NCARB is committed to providing the best customer service possible to all ARE candidates. Scheduling an appointment to take the ARE is governed by contractual agreements between NCARB and Prometric. If you encounter difficulty scheduling a testing appointment within the guidelines outlined below, please use this form to detail your complaint. Prometric has 48 hours to comply with your schedule request.

ONLY those appointments scheduled through the Prometric Candidate Services Contact Center (800/479-6215) are subject to the terms of this agreement.

	SITUATION		GUARANTEE
1	If you call to schedule an appointment within 30 days of the date of your call:	➔	You must be offered an appointment at any time within those 30 days, OR at another test center within a 50-mile radius of the requested center.
2	If you call to schedule appointments for up to three divisions more than 30 days from the date of your call:	➔	You must be offered appointment(s) within six business days either before or after the requested date, OR at another test center within a 50-mile radius of the requested center.
3	If you call to schedule an appointment for a division on a specific day of the week, more than 30 days from the date of your call:	➔	You must be offered an appointment for the specific day of the week within three weeks either before or after the requested date, OR at another test center within a 50-mile radius of the requested center.

Candidate Name: _____ Candidate ID #: _____

Name of Prometric Representative: _____ Date of Call: _____
(if known)

Your call was to: ☐ Schedule ☐ Reschedule

Your appointment request was similar to: (please check one) ☐ Situation 1 ☐ Situation 2 ☐ Situation 3

Did you schedule an appointment? ☐ Yes ☐ No

If YES, was your appointment scheduled within the above guidelines? ☐ Yes ☐ No

If NO, were you offered an appointment within the above guidelines? ☐ Yes ☐ No

If the Prometric Candidate Services Contact Center failed to schedule your appointment within the above guidelines, please describe your request and the Center's response. Please include your first choice test date and first choice test center as well as the date and time of appointment(s) scheduled along with the confirmation number(s):

I affirm that the information set forth above is true to the best of my knowledge.

Signature: _____ Date: _____

Please complete this form and fax it to NCARB-ARE at 202/783-0290, or mail it to:
NCARB-ARE, 1801 K Street, NW, Suite 700K, Washington, DC 20006.