

SRTA Certificate of Achievement Request Form

If you would like to receive a Certificate of Achievement, complete the information below exactly as you wish your Certificate to read. Please type or print legibly. We utilize your social security number only for verification purposes and to locate your examination records, it will not be reflected on your Certificate.

Certificate Information:

First Name: _____

Middle Initial: _____

Last Name: _____

Suffix:
(i.e. Jr., III) _____

Degree:
(i.e. D.D.S. , D.M.D. , R.D.H.) _____

**Examination Information: (site where
you have applied to take the patient based
examination or last examination site of
record)**

Exam Site: _____

Exam Date: _____

Social Security #: _____
(please supply your ssn for verification purposes)

Certificate Mailing Address:

Name: _____

Address 1: _____

Address 2: _____

City, State, Zip/Postal Code: _____

Country: _____

Return this form with a \$35.00 Money Order or Cashier's Check to:

Southern Regional Testing Agency, Inc.
4698 Honeygrove Road, Suite 2
Virginia Beach, VA 23455-5934