

## Test Review Request

To complete this form on your computer you must first download it. Alternately, you may print the form, fill it out, and send it by email attachment, fax, or by letter mail. The contact information is found at the bottom of this form.

If your test result is below the passing mark (75%) but higher than 67%, you can request a review.

The sole purpose of this review is to confirm that the interpretation of the answers to the test, the application of the scoring key, and the calculated results are correct.

This request must reach SOFAD within 60 days following the publication of the test results.

### Personal information (please print)

Last Name  First name

Home telephone No.  Telephone No. at work  Email

Area code  Number  Area code  Number

### Examination identification

→ Please indicate the examination for which you want the correction to be reviewed.

Examination title

Examination date  Test score

### Method of payment

→ Credit card:  Visa  MasterCard  month  year

No:  Expiration date:

You can also send this form making sure to enclose, if appropriate, a cheque or money order.

→ Attached:  money order  cheque  Payable to SOFAD

Cost per examination \$20.00  
plus applicable taxes

Sub-total

GST

No 141227892 RT

PST

No 1018814907

**Total**

A receipt will be issued.

**Note: These fees are not refundable.**

Once you have duly completed this form, please send it to the address noted below or by email or fax.

### Customer Service

#### SOFAD

2100 de Maisonneuve Blvd E, Suite 200, Montreal (Quebec) H2K 4S1

Telephone No.: 514 529-2800 or 1 866 840-9346 – Fax No.: 514 529-4788

Email: [info@sofad.qc.ca](mailto:info@sofad.qc.ca)

I confirm that the information provided above is proof of my examination registration with SOFAD.