

Medical Review Officer Certification Council

3231 S Halsted St, #167, Chicago, IL 60608 * 847-631-0599 * FAX 847-483-1282 * mrocc@mrocc.org

MRO Team Member/Assistant Exam Retake Form

I. MRO ASSISTANT CERTIFICATION RETEST POLICY

Candidates who fail the **MRO Team Member/Assistant certification** examination may retest for a \$50 processing fee per retest attempt. The attempts should be taken within 12 months of the failed examination.

I wish to take advantage of the MROCC retest policy (once processed, you will receive an email from MROCC with your logon instructions. Please make certain the email address you provide is legible and is valid)

My Email Address is _____

II. CONTACT INFORMATION

First Name _____ Last Name _____

Address _____ Suite/Floor/Dept/Apt _____

City _____ State _____ ZIP/Postal Code _____

III. PAYMENT OPTIONS

I am enclosing a check in the amount of \$50.00 Check # _____

Please charge my credit card \$50.00

Name on Card _____

Phone Number _____

Billing Address _____

Card Number _____

Security Number _____ Expiration Date ____ / ____

(3 digit number following account number on back of card
or 4 digit number on front of card if using American Express)

City _____ State _____ Zip _____

Card Type VISA MasterCard Amex Discover

Signature

Date