

# Appendix G

## Request for Refund Form

By submitting this Request for Refund form, you are acknowledging that you have read and understand ABPANC's refund policy as stated on page 14 of the CPAN® & CAPA® Certification Candidate Handbook.

Refund requests must be submitted in writing using this form, and mailed, emailed or faxed to PES so that it is received on or before the last day of the examination administration window.

Refunds will be made in the same manner in which the original payment was made.

Please provide the following information: Please Print Legibly

Full Name (as it appears on your application):

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Preferred Mailing Address:

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City, State, Zip Code:

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Email Address:

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ABPANC ID Number: (found in the ATT letter if you applied online or admission ticket if you applied by mail)

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Refund for Which Examination (indicate CPAN® or CAPA®):

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Test Center Location if already scheduled:

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Exam Appointment Date and Time (if applicable):

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Date and Time the Appointment was Canceled (if applicable):

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Refunds are issued no later than three weeks after the close of the Examination Administration window.

Mail, email or fax this form to:

**Professional Examination Service**

**ABPANC Perianesthesia Certification Program (032)**

**475 Riverside Drive, 6th Floor • New York, NY 10115 • Fax: 1-212-367-4343**

**Email: [abpanc@proexam.org](mailto:abpanc@proexam.org)**