

Application for Verification of Written Examination Results

You should carefully read the **ADC Policy on Verification of ADC Written Examination Results** before completing this form. Late and/or incomplete applications will not be accepted.

WE-2 V6

Name

Reference No.

OFFICE USE ONLY
Date Received Stamp

Date of Birth

 / /

Email Address

Address

Verification of ADC Written Examination Results


I wish to apply for verification of my results for the following components (tick all that apply) of the ADC Written Examination held in March/September 20_____:

MCQ – Paper 1

MCQ – Paper 2

MCQ – Paper 3

MCQ – Paper 4

 Please select (✓) the component/s that require verification.


Candidates who fail one or more papers may request verification that the candidate answers held in the ADC databases match those sent by Pearson VUE. Candidate electronic data files will be viewed by authorised ADC personnel in order to verify the results. The results of the verification will be confirmed by the Director, Assessments and Examinations or their delegate.

Signature of Applicant and Consent to Collect Information

Date

 / /

Application Fee Payable: \$ _____ AUD

 Please refer to the current Schedule of Fees on the ADC website: <http://www.adc.org.au/fees.pdf>
Applications with the incorrect fee will not be processed.

Cheques/money orders must be made payable in Australian Dollars to the Australian Dental Council. **Please note that we are unable to accept cheques from the Bank of India.**

Bank cheque/Australian Money Order enclosed

Credit Card (choose one)

MasterCard

Visa

Name of cardholder

Card number

Expiry Date

 | | |

Amount

 \$ AUD

Signature of cardholder

Send your completed application to: Australian Dental Council, PO Box 13278, Law Courts, Victoria 8010, Australia

The completed application form together with the required fee must be received by the ADC within 28 days of the date results are posted online.