



**P · E · S**

**Professional Examination Service (PES)  
ATT: MFT Hand Scoring Dept. (589)  
475 Riverside Drive-Suite 600  
New York, NY 10115-0089  
Fax: (212) 367-4321**

**REQUEST FOR MANUAL REVIEW OF MFT SCORING RECORD**

Please type your name and address in the box provided at the bottom of this form as it will be the mailing label for responding to your request. This form will be returned to you with the results of the hand scoring.

If hand scoring does not result in any score changes, this form will be stamped **“HAND SCORING COMPLETED – No Change in Score”** and returned to you. If there is a change in score, we will email you immediately and send a corrected score report to your licensing board.

**FEES:                      Hand Scoring                      \$50 for each examination**

The fee(s) must be in the form of a **CERTIFIED CHECK**, or **MONEY ORDER** made payable to **PES** or **Professional Examination Service** or by **CREDIT CARD**.

CANDIDATE INFORMATION			SERVICE REQUIRED
CANDIDATE NAME	EXAM ID#	EXAM DATE & STATE/PROVINCE	HAND SCORING

**Please type your return mailing address in this box and your telephone number to the right of it.**

<hr/> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Address1</p> <hr/> <p style="text-align: center;">Address2</p> <hr/> <p style="text-align: center;">City/State/Zip</p>	<p>Phone: _____</p> <p>Email: _____</p>
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# FEE FORM

The fee for a hand scoring report is \$50.00 U.S. Please submit your fees to Professional Examination Service (PES) DIRECTLY. You MUST include this form with your payment. Your payment will not be accepted without this form. You can pay using a credit card or certified check or money order.

**Candidate Information: THE FOLLOWING INFORMATION IS REQUIRED.** If candidate information is missing, we cannot guarantee your payment will be credited to the appropriate application.

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First Name	Middle Name	Last Name
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Address	City	State	Zip
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Social Security Number/Social Insurance Number	Mother's Maiden Name
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**Credit Card Payment:** Please indicate your agreement to payment by signing below and providing your credit card number and expiration date.

Credit Card (circle one): VISA      MASTERCARD

**Credit Card Number**

**Expiration Date (MM/YY)**

I authorize Professional Examination Service to charge my credit card the amount of \_\_\_\_\_ for hand scoring of the MFT exam.

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<b>Card Holder's Name</b>	<b>Signature</b>	<b>Date</b>
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**Certified Check/Money Order:** If paying with a certified check or money order, make the check payable to "PES" or "Professional Examination Service". Please include your name, social security number, and the name of the state in which you are applying for licensure on the check. If you do not have a social security number, please include your name and your mother's maiden name on the check. **PERSONAL CHECKS WILL NOT BE ACCEPTED.**

**ATTACHED CERTIFIED CHECK OR MONEY ORDER HERE.  
ATTACH BY STAPLE OR PAPER CLIP. NO TAPE PLEASE**

**Mail this form and payment with your application to:**

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