

# NYSPMA CECH Letter and Radiography Certificate Request Form

Requests for replacement letters and certificates from the NYSPMA office will incur a \$10 administration fee per document, payable by credit card only. Please fill out this form and e-mail it to slunn@nyspma.org or fax to 646-672-9344 to the Attention: Sonia Lunn. Requests will take 5-7 business days to be fulfilled. **Requests will not be taken over the phone.**

CECH Letter

Radiography Certificate

Name on Certificate:

Name on Certificate:

\_\_\_\_\_

\_\_\_\_\_

Year:

Year:

- 2019 - \$10.00
- 2018 - \$10.00
- 2017 - \$10.00
- 2016 - \$10.00

- 2019 - \$10.00
- 2018- \$10.00
- 2017 - \$10.00
- 2016 - \$10.00

Certification Location: \_\_\_\_\_

(e.g. Shuffle off to Buffalo, NY Clinical conferences)

Total price: \$ \_\_\_\_\_ .00

**Your application must include your Email address:** \_\_\_\_\_

**Fax # if you want document(s) faxed to you** \_\_\_\_\_

**VISA, MasterCard, Discover only Payment Information:**

Name on credit card \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit card will only be charged if the replacement document is issued. If we are unable to locate your certificate or letter for any reason, your card will not be charged.**

By signing this document I authorize the above named business to charge the credit card indicated in this authorization form for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Please address any questions to Sonia Lunn [slunn@nyspma.org](mailto:slunn@nyspma.org)**