



# PROGRAM CHANGE FORM

API Number*		Institution Name*	
Date*		Requested By*	Phone*

## Add / Cancel Questionnaire

Reason for Cancellation*	
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We will try our best to fulfill your cancellation requests. Cancellations made within one week of the shipment date may no longer be possible. If the current event product does ship, additional steps may need to be taken in the reporting area online to avoid receiving failures. **You must either report results or submit testing discontinued by the specified due date.** See link for directions: [PPT Testing Discontinued Instructions](#). If these options are not available online for your program, please reach out to [CustomerService@api-pt.com](mailto:CustomerService@api-pt.com) for further instructions.

\*Required

### CANCEL

\*\*Review and confirm all catalog numbers you listed to ensure that the correct changes are made to your enrollment

Catalog #**	Test Event			Catalog #**	Test Event			Catalog #**	Test Event		
	1	2	3		1	2	3		1	2	3

### ADD

PO Number		No PO Number Required****
Credit/Debit Card***		****BY CHOOSING THIS OPTION YOU ARE DECLARING:
***Please complete the Credit Card Payment Form on the following page.		<ul style="list-style-type: none"> <li>• My facility does not require Purchase Order Numbers on invoices.</li> <li>• I understand that if I select this option and my facility does require Purchase Orders, any delay in invoice payment could result in interruption of service.</li> </ul>

\*\*Review and confirm all catalog numbers you listed to ensure that the correct changes are made to your enrollment

Catalog #**	Test Event			Catalog #**	Test Event			Catalog #**	Test Event		
	1	2	3		1	2	3		1	2	3

Please contact [CustomerService@api-pt.com](mailto:CustomerService@api-pt.com) with any questions.

American Proficiency Institute accepts Discover, MasterCard, and Visa.  
Please complete the form in its entirety to ensure timely processing. All information is kept confidential.



CREDIT CARD INFORMATION			
Cardholder Name*			
Billing Address*			
Phone*			
Email Address			
Address 2			
Credit Card Type*	Discover	Mastercard	Visa
Credit Card Number*			
Expiration Date*		CVV / CVC Code*	

\*Required