



The MacDonald Research Institute

# Assisted Living Facility Core Competency Test

Phone: 813-991-0444 • Email: [alftest.tmri@gmail.com](mailto:alftest.tmri@gmail.com) • [alfmacdonald-research.com](http://alfmacdonald-research.com)

## Handscoring Request Form

### Examinee information

**Your request must be received in our office within 30 calendar days after the mailing of test results.**

Completely fill out the request form and fax or e-mail it to the address below. Please print all information.

\_\_\_\_\_

*Last Name* *First Name* *MI*

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Social Security Number (Last 4 digits)* *Test Date* *Test Site*

\_\_\_\_\_

*Mailing Address* *Apt. #*

\_\_\_\_\_

*City* *State* *Zip Code*

\_\_\_\_\_

*Daytime Telephone* *Email*

After your request has been received by our office, your original answer document will be scored by hand. A letter notifying you of the results will be faxed or e-mailed to the address you have listed above. Please allow two weeks for processing.

Fax this form to **813-991-1245**  
**Attn. The MacDonald Research Institute (TMRI)**

or email to: **[alftest.tmri@gmail.com](mailto:alftest.tmri@gmail.com)**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Signature* *Date*