



The MacDonald Research Institute

Assisted Living Facility Core Competency Test

Phone: 352-835-7883 • Email: alftest.tmri@gmail.com • 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

352-340-4145

Attn. The MacDonald Research Institute (TMRI)

or email to:

alftest.tmri@gmail.com

_____ / _____ / _____

Signature

Date