



AAMC PREview® Professional Readiness Exam Emergency Refund Request

If you missed the deadline to cancel your exam but you were unable to attend your appointment, the AAMC may provide, at its sole discretion, a 50% refund of your registration fee if you provide documentation of a qualified emergency by the submission deadline. To request an Emergency Refund, send this completed form along with [supporting documentation](#) to askpreview@aamc.org. The AAMC will review and respond to your emergency refund request within two weeks of receiving all required documentation. Examinees can only be approved for one Emergency Refund Request per testing year.

Full Name:

Email Address:

AAMC ID:

Exam Date:

Reason for which you are requesting an emergency refund (select one):

You experience an acute medical emergency.

You experience a death in your immediate family.

You must perform primary caregiver duties for someone who is sick.

You are unexpectedly called away to active military service.

You are unexpectedly called away for health care service duties related to a catastrophic event.

You are displaced from your residence due to a natural disaster, or the national weather service or government recommend you shelter in place or evacuate.

You experience significant disruption to services as a result of a widespread power outage or other event.

If other, please describe the reason for your request:

The AAMC may request additional information when considering your request.

Certification and Authorization

Check the following boxes to indicate acceptance of the terms related to your request:

I understand that refunds after the cancellation deadline are generally not allowed for the AAMC PREview professional readiness exam. The AAMC will review my request and supporting documentation and, at its sole discretion, will grant a one-time refund or deny my request to receive an emergency refund.

I acknowledge and agree that the information I submit related to my request for a late refund due to an emergency may be used for research purposes pursuant to the AAMC Privacy Statement and the AAMC Policies Regarding the Collection, Use, and Dissemination of Medical Student and Applicant Data.

By electronically signing my name below, I certify that all of the foregoing information in this form is true and complete to the best of my knowledge.

Signature:

Date: