



AAMC PREview® Test Session Issue Report Form

Prior to completing this form, please see [The AAMC PREview Essentials](#) for more information about reporting a test session issue. The AAMC must receive your completed form no later than five (5) calendar days after your exam date.

Full Name:

Phone Number:

Email Address:

AAMC ID:

PREview Exam Date:

Did you report this issue to the proctor? Yes No

Which of the following apply:

- You did not start the exam
- You started but could not finish
- You completed the exam but did not submit
- Other

Please describe the test session issue you experienced (or think you may have experienced) while completing the AAMC PREview professional readiness exam:

Certification and Authorization

Check the following boxes to indicate acceptance of the terms related to your request for a review of your AAMC Professional Readiness Exam due to a test session issue.

- I understand that the AAMC will review the session logs and any proctor reports from my AAMC PREview exam session and, at its sole discretion, determine whether technology or system issues affected AAMC's ability to score my exam.
- I acknowledge and agree that the information I submit related to my request for a test session issue review 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: