



# 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) days after your exam date.

## Biographical Information

First Name:

Last Name:

Email Address:

Phone Number:

AAMC ID:

## Test Session Issue

When did you take the AAMC Professional Readiness Exam?

Using the list below, please select the test session issue you experienced (or think you may have experienced) while completing the AAMC Professional Readiness Exam (Select all that apply):

- ☐ Microphone and/or video camera would not work
- ☐ Testing platform would not start or stopped working during the exam
- ☐ Screen loading delays when advancing from one scenario to another
- ☐ Approved accommodations were not applied correctly
- ☐ Proctor gave incorrect instructions
- ☐ Other: \_\_\_\_\_



Did you report this issue to the proctor?

Yes

No

On what kind of device were you taking the test when you experienced the issue?

Desktop or laptop computer (PC)

Desktop or laptop computer (Mac)

Desktop or laptop computer (Other)

What internet browser were you using?

Guardian Browser

Google Chrome

Other: \_\_\_\_\_

Briefly explain the test session issue you encountered. Please be as specific as possible.

## 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:**