



American  
Institute of  
Medical  
Sciences &  
Education

Excellence & Success

## AIMS EDUCATION

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### Registry Certification Assistance

Name: \_\_\_\_\_ Program of study: \_\_\_\_\_  
Address: \_\_\_\_\_ Status (*circle one*): current student or graduate  
\_\_\_\_\_  
Graduation date (*if applicable*): \_\_\_\_\_  
Phone: \_\_\_\_\_ Review course: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of review: \_\_\_\_\_

I understand and agree that the eligibility requirements for national registry exams are stipulated by the administering agencies and are subject to change or variation by those agencies without notice to AIMS Education. Therefore AIMS cannot guarantee eligibility for any particular examination. It is the sole responsibility of the student to determine his or her own eligibility for any registry exams that he or she plans to sit for.

The content and respective subject material for the various registry examinations are entirely in the hands of the administering agencies. AIMS will do its best to offer an in-depth and current review. However, the school cannot guarantee individual success for students who take part in these review courses.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_