



CAP Exam RESCHEDULE FORM

I _____, IAAP ID# _____ am requesting to reschedule from the current exam administration (Fall Spring) 20____ to the next available (Fall Spring) 20____.

I have scheduled the date and time for my exam with the testing center: Yes No

By returning this form I acknowledge that I am allowed to delay my exam(s) a maximum of two consecutive times and understand a fee is required each time the exam is delayed. If I am unable to take the exam after two consecutive delays, all examination fees and rescheduling fees are forfeited.

Email form to: certification@iaap-hq.org

Mail form with check or money order to:

IAAP Certification Department
10502 N. Ambassador Drive, Suite 100
Kansas City, MO 64153

No reschedules are allowed after 14 days prior to the first day of the testing window.

Method of Payment

Reschedule Fee \$150

Check or money order enclosed (payable to IAAP)

Please charge my credit card: Visa MasterCard Discover American Express

Card Number _____ Expiration Date _____ CSC Code _____

Name as it appears on card _____

Billing ZIP/PC _____ Authorized Signature (required for processing) _____

IAAP Headquarters Office

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