



# Request to Reschedule-CAP

Please use this form to transfer from the current CAP exam administration window to the next administration. If you wish to reschedule an appointment within the current exam administration window, please log into your account and request the new appointment time.

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

***This request form with payment must be received via email to [certification@iaap-hq.org](mailto:certification@iaap-hq.org) no later than two weeks prior to the first day of the current CAP exam administration window.***

## Method of Payment

- Check or money order enclosed (payable to IAAP) in the amount of \$150
- Please charge \$150 to 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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