

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

1005 Congress Ave., Ste. 460

Austin, TX 78701

Telephone: (512) 708-0629 * Fax: (512) 476-7297

2012/2013 Computer Based Testing CPS WRITTEN EXAMINATION PRE-REGISTRATION FORM

IMPORTANT! PLEASE CAREFULLY READ ALL INSTRUCTIONS

The Certified Prevention Specialist (CPS) exam is available via computer based testing. To register for the exam please complete the application form beginning on the second page of this packet. **Once your application is received and approved by TCBAP, TCBAP will pre-register you for the computer based exam with ISO Quality Testing. ISO Quality Testing will email you instructions with information on how to pick the day, time, and location you wish to test at and instructions for printing out your Admission Letter.** Listed below are the locations available for computer based testing for 2012 and 2013, locations are subject to change throughout the year. Please note that you must pre-register and pay for computer based testing with TCBAP in order to be eligible to test.

Computer Based Testing will now be offered on demand. You must pre-register with TCBAP by completing and returning this application at least 30 days prior to the date you wish to take the exam. Pre-registration processing may take up to 30 days. Once pre-registered you will be notified by ISO Quality Testing and you will be eligible to test for a 60 day window.*

**If you require special accommodations, you must register at least 60 days prior to the date you wish to take the exam and you must complete the special accommodation forms in this packet. Please note that all accommodation requests are sent to IC&RC when received by TCBAP but depending on the accommodations requested it may take more than 60 days to make final testing arrangements. Your 60 day test window will not begin until final determination of the accommodation request is made by IC&RC.*

Computer Based Testing Sites in Texas are:

Amarillo College	Amarillo	Texas
Business Communication Solutions-Arlington	Arlington	Texas
Austin Community College	Austin	Texas
Business Communication Solutions-Austin	Austin	Texas
Business Communication Solutions-Beaumont	Beaumont	Texas
Computer Minds.com	Bedford	Texas
University of Texas @ Brownsville	Brownsville	Texas
ETC Learning Centers	Carrollton	Texas
Texas A&M University-Corpus Christi	Corpus Christi	Texas
Business Communication Solutions-Corpus Christi	Corpus Christi	Texas
Southern Methodist Univ. Counseling & Testing Center	Dallas	Texas
Business Communications Solutions - Dallas	Dallas	Texas
El Paso Community College	El Paso	Texas
University of Texas at El Paso	El Paso	Texas
Innovative Minds-East El Paso	El Paso	Texas
Innovative Minds-West El Paso	El Paso	Texas
Computer Labs, Inc.	El Paso	Texas
Texas Southern University Testing Center	Houston	Texas
Business Communications Solutions - Houston	Houston	Texas
West Houston Testing Center	Houston	Texas
Frontalsoft LLC	Houston	Texas

Sam Houston State University	Huntsville	Texas
Business Communications Solutions Laredo	Laredo	Texas
Business Communication Solutions-Lubbock	Lubbock	Texas
Stephen F. Austin State University	Nacogdoches	Texas
Synetra	Odessa	Texas
Business Communications Solutions Plano	Plano	Texas
Business Communications Solutions - San Antonio	San Antonio	Texas
Business Communications Solutions Sugar Land	Sugar Land	Texas
TX Testing Center	Sugar Land	Texas
Scott and White Memorial Hospital	Temple	Texas
Texarkana College	Texarkana	Texas
University of Houston - Victoria	Victoria	Texas
Business Communications Solutions Waco	Waco	Texas

Please note: You must pre-register with TCBAP to be eligible for Computer Based Testing by completing and returning the forms enclosed in this packet. **You will be contacted directly from ISO Quality Testing after TCBAP receives registration paperwork and payment with instructions on how to select your test date, time and location site. It is extremely important that you carefully follow the instructions you receive from ISO in order to select your test site and location. ISO will contact you via email so you must provide an email address on your registration form.**

2012/2013 COMPUTER BASED TESTING **CPS EXAMINATION PRE-REGISTRATION FORM PAGE 2**

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**If you require special accommodations, you must register at least 60 days prior to the date you wish to take the exam and you must complete the special accommodation forms in this packet. Please note that all accommodation requests are sent to IC&RC when received by TCBAP but depending on the accommodations requested it may take more than 60 days to make final testing arrangements. Your 60 day test window will not begin until final determination of the accommodation request is made by IC&RC.*

Please type or print neatly:

Name

Last Name

First Name

Middle Initial

Address

Number and Street

City/State/Zip

City

State

Zip Code

Work Phone

Area Code and Number

Home Phone

Area Code and Number

Email _____

Required

Social Security No. (Optional) _____ Gender _____ D.O.B. _____
M/F MM/DD/YYYY

Ethnic Origin	[]	Caucasian	[]	Hispanic
	[]	African American/Black	[]	Native Hawaiian
	[]	Native American/Alaskan Native	[]	Pacific Islander
	[]	Asian	[]	Other _____
Education Level	[]	No High School Diploma	[]	Bachelor's Degree
	[]	High School Diploma/GED	[]	Master's Degree
	[]	Vocational Certification	[]	Doctorate
	[]	Associate's Degree	[]	Other _____

Please note that CPS test candidates must complete the CPS education requirements prior to testing.

Please use the following checklist to complete your registration packet.

THESE ITEMS MUST BE SUBMITTED WITH YOUR REGISTRATION APPLICATION OR YOU WILL NOT BE PRE-SCHEDULED FOR THE EXAM! Please note that all items on the checklist below are required and not waived for anyone regardless of previous testing, degrees or other licenses held.

- ☐ Money Order/Cashiers Check for \$250.00 Made payable to TCBAP
- ☐ Registration Application
- ☐ Special Accommodations Request, if applicable
- ☐ Documentation of 100 Prevention Specific Education hours (50 of which should be Alcohol, Tobacco and Other Drug Related and 6 of which must be Prevention Ethics). Please include copies of continuing education certificates or official transcripts as documentation.

RESCHEDULE & CANCELLATIONS: All fees are non-refundable. If you fail to show up for your examination at the scheduled time, do not have the proper identification, or do not have your admission document, you will not be allowed to sit for your exam. You will be considered a 'No-Show', your examination fees will be forfeited, and you will be required to re-register and pay all fees prior to sitting for the exam. ISO Quality testing allows candidates to reschedule up to six days prior to their scheduled exam, **HOWEVER, TCBAP must have adequate time to process reschedule requests so, if an issue arises that prohibits you from making it to your scheduled exam, you may reschedule by notifying TCBAP prior to (10) business days before your scheduled exam date. You will be required to pay a 50% rescheduling fee to process your request.** If you notify TCBAP less than (10) business days before your exam, you will not be allowed to reschedule your exam unless one of the following 3 situations have occurred: Death in the immediate family, military deployment, sickness.

If you experience any of the above, you **MUST** provide proper documentation before being rescheduled to a new date. If none of the above are the reason for wanting to reschedule your exam less than 10 business days prior to your exam date, then you will not be allowed to reschedule your exam. Please also note that if you do not show up, you will be considered a 'No-Show', your examination fees will be forfeited, and you will be required to re-register and pay all fees prior to sitting for the exam.

A candidate may reschedule their exam only according to the policy listed above, and may do so by contacting TCBAP at 512-708-0629.

Remember, after pre-registering with TCBAP you will receive instructions via email from ISO Quality Testing to select your test time, date and location. Please closely follow those instructions.

SEND YOUR COMPLETED PRE-REGISTRATION PACKAGE TO:
TCBAP
1005 Congress Avenue, Suite 460
Austin, TX 78701

Special Accommodation Request Form

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ SSN: _____

Accommodations requested for the written examination (check all that apply): Note that those with * require additional documentation.

- ☐ Accessible testing site
- ☐ Large Print test material
- ☐ Sign Language Interpreter
- ☐ Alternative seating: specify _____ *
- ☐ Reader as accommodation for visual impairment *
- ☐ Scribe as accommodation for visual impairment *
- ☐ Reader as accommodation for learning disability *
- ☐ Scribe as accommodation for learning disability *
- ☐ Extended Time (this may be administered in the main test area) *
- ☐ Separate Testing Environment (this does not infer individualized testing environment) *
- ☐ Other (please specify): * _____

Comments: _____

Signed: _____ Date: _____

*** Designates accommodation requests require additional documentation
(see next page)**

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (educational professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____
(TEST APPLICANT) (DATE)

in my capacity as a _____.
(PROFESSIONAL TITLE)

It is my opinion that because of this applicant's disability, the following reasonable accommodations are appropriate:

Accommodations requested for the written examination (check all that apply):

- ☐ Accessible testing site
- ☐ Large Print test material
- ☐ Reader as accommodation for visual impairment
- ☐ Scribe as accommodation for visual impairment
- ☐ Reader as accommodation for learning disability
- ☐ Scribe as accommodation for learning disability
- ☐ Sign Language Interpreter
- ☐ Extended Time (this may be administered in the main test area)
- ☐ Separate Testing Area (this does not infer individualized testing environment)
- ☐ Other (please specify): _____

Signed: _____ Date: _____

Title: _____ License No. (if applicable): _____