

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

401 Ranch Road 620 South, Ste. 310, Austin, TX 78734

Telephone: (512) 708-0629 * Fax: (888) 506-8123 * Email: admin@tcbap.org

SAP EXAMINATION REGISTRATION FORM

INSTRUCTIONS:

TCBAP does not have set dates for the DOT SAP Exam. In order to schedule an exam, you must complete and return this application with payment at least 30 days before you wish to sit for the exam.

TCBAP staff will contact you to schedule an exam date within your schedule. Exams are only given Monday-Thursday in Austin, Texas. Please note that the SAP certification is not issued through TCBAP. You should contact the Department of Transportation about DOT certification requirements.

Please be advised that examination fees are non-refundable. Candidates may reschedule for emergency situations but must pay a 50% re-schedule fee and provide proper documentation of the reason for reschedule. Failure to send in proper documentation may result in forfeiture of fees paid.

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 _____ **Home Phone** _____
Area Code and Number Area Code and Number

Email _____

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

Ethnic Origin

<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Native American/Alaskan Native	<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Other _____

Education Level

<input type="checkbox"/>	No High School Diploma	<input type="checkbox"/>	Bachelor's Degree
<input type="checkbox"/>	High School Diploma/GED	<input type="checkbox"/>	Master's Degree
<input type="checkbox"/>	Vocational Certification	<input type="checkbox"/>	Doctorate
<input type="checkbox"/>	Associate's Degree	<input type="checkbox"/>	Other _____

**Please use the following checklist to complete your registration packet.
THESE ITEMS MUST BE SUBMITTED WITH YOUR REGISTRATION APPLICATION
OR YOU WILL NOT BE SCHEDULED FOR THE EXAMINATION!**

- Money Order/Cashiers Check for **\$250.00 Made payable to TCBAP**
- Registration Application
- Special Accommodations Request, if applicable

Payment Information

_____ I have enclosed a check or money order payable to TCBAP
_____ I authorize TCBAP to charge my credit card in the amount of \$_____
____ Visa ____ Mastercard ____ American Express ____ Discover
Card No. _____ Exp Date _____ CVC _____
Cardholder Name _____
Cardholder Signature _____

- I understand that my credit card billing statement will show charges from "AAMS". AAMS stands for Association*

SEND YOUR COMPLETED REGISTRATION PACKAGE TO:

**TCBAP
401 Ranch Road 620 South, Ste. 310
Austin, TX 78734**

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): _____