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

________________________________________________________________________________________

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

[ ] 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__________________________

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
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): ___________________