

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

401 Ranch Road 620 South, Ste. 310

Austin, TX 78734

Telephone: (512) 708-0629 * Fax: (888) 506-8123

Computer Based Testing

IC&RC CBT EXAMINATION PRE-REGISTRATION FORM

TCBAP DOES NOT OFFER REFUNDS ON EXAMS

IMPORTANT! PLEASE CAREFULLY READ ALL INSTRUCTIONS

All IC&RC exams administered by TCBAP are available via computer based testing. To register 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.** 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.*

There are Computer Based Testing Sites throughout Texas, once you have pre-registered with TCBAP you will be able to pick a Testing Site, Date and Time. Testing Site information can be found at:

<http://www.isoqualitytesting.com/locations.aspx>

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.**

IMPORTANT! YOU ONLY HAVE 60 DAYS TO TAKE THE EXAMINATION FROM THE DATE YOU ARE REGISTERED WITH ISO QUALITY TESTING, UNLESS YOU HAVE AN ACCOMMODATION. IF YOU HAVE NOT RECEIVED AN EMAIL WITHIN 2 WEEKS OF SENDING IN YOUR TESTING PRE-REGISTRATION FORM PLEASE CONTACT OUR OFFICE AT 512.708.0629 OR ADMIN@TCBAP.ORG. PLEASES KEEP IN MIND PRE-REGISTRATION PROCESS COULD TAKE UP TO 30 DAYS.

ALL EXAMINATIONS ARE COMPUTER BASED

- I AM REGISTERING FOR THE CLINICAL SUPERVISION EXAM \$250.00
- I AM REGISTERING FOR THE ALCOHOL DRUG COUNSELOR EXAM \$250.00
- I AM REGISTERING FOR THE ADVANCED ALCOHOL DRUG COUNSELOR EXAM \$250.00
- I AM REGISTERING FOR THE PEER RECOVERY EXAM \$150.00

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/Cashier's Check/Credit Card for **\$250.00 payable to TCBAP**
(CS, ADC, AADC)
- Money Order/Cashier's Check/Credit Card for **\$150.00 payable to TCBAP**
(PEER RECOVERY EXAM ONLY)
- 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*

Reschedule/Cancellation Policy: 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. However, if an issue arises that prohibits you from making it to your scheduled exam, you may reschedule prior to (5) calendar days before your scheduled exam date. **You may be required to pay a rescheduling fee to process your request. If it is less than (5) calendar days**, you will not be allowed to cancel or reschedule your exam unless one of the following 4 situations have occurred: Jury Duty, Death in the immediate family, Military Deployment, Sickness. The **immediate family** is defined as a person's grandparents, parents, spouses, siblings and children. If you experience any of the above, you **MUST** provide IQT with proper documentation before being rescheduled to a new date. **If none of the above are the reason for wanting to reschedule or cancel your exam less than 5 days prior to your exam date, then you will not be allowed to reschedule or cancel 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 SMT at 1-866-773-1114.

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.

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
- Spanish Version test material (only available for the Alcohol Drug Counselor exam)
- 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
- Spanish Version test material (only available for the Alcohol Drug Counselor exam)
- 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): _____