

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

CPS IC&RC Examination Pre-Registration Form

TCBAP DOES NOT OFFER REFUNDS ON EXAMS

IMPORTANT! PLEASE CAREFULLY READ ALL INSTRUCTIONS

The IC&RC Certified Prevention Specialist (CPS) exam administered by TCBAP is 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 or Certemy. ISO Quality Testing or Certemy 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 or Certemy 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 or Certemy 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 or Certemy in order to select your test site and location. The test company 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 OR CERTEMY, UNLESS YOU HAVE AN ACCOMMODATION. IF YOU HAVE NOT RECEIVED AN EMAIL WITHIN 2 WEEKS OF SENDING IN YOUR TESTING PRE-REGISTRATION FORMS PLEASE CONTACT OUR OFFICE AT 512.708.0629 OR ADMIN@TCBAP.ORG. PLEASE KEEP IN MIND THE PRE-REGISTRATION PROCESS COULD TAKE UP TO 30 DAYS.

COMPUTER BASED TESTING
CPS IC&RC EXAMINATION PRE-REGISTRATION FORM PAGE 2

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. 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.*

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 _____
Required

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

ALL EXAMINATIONS ARE COMPUTER BASED

I AM REGISTERING FOR THE PREVENTION SPECIALIST EXAM \$250.00

**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**
- Special Accommodations Request, if applicable
- Education – 120 total continuing education hours across all prevention domains. Ninety hours (90) must be prevention specific, twenty four (24) hours must be AOD specific, and six (6) hours must be in prevention specific ethics. Counselor, treatment, or business ethics do not qualify. Examples of AOD specific education include, but are not limited to, addiction theory, addicted family dynamics, pharmacology, drugs and the brain/body, counseling theory, and the twelve core functions. Examples of prevention specific education include, but are not limited to, prevention curriculum training, community mobilization, planning and evaluation of prevention programs, media messages, social marketing, environmental strategies, and behavioral health promotion.
- Registration Application

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".

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 or Certemy 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 or Certemy to select your test time, date and location. Please closely follow those instructions.

DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (physician, psychologist and/or psychiatrist) to ensure that TCBAP is able to provide the required exam accommodations. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

Professional Documentation

I have known _____ since ____/____/____
Exam Candidate

In my capacity as a _____
Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed below:

Description of disability and justification for accommodation(s):

Signed: _____ Title: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Email: _____

License Number: _____ Date: _____
(If applicable)

Return this form along with your Request for Special Accommodations form to TCBAP at least one month prior to your desired exam date.

REQUEST FOR SPECIAL ACCOMMODATIONS

If you have a disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return it to your IC&RC member board (TCBAP) for processing. The information you provide and any documentation regarding your disability and your need for accommodations in testing will be treated with strict confidentiality. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

Preferred Exam Date: _____ Preferred Exam Location: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Telephone Number: _____

Email: _____

Special Accommodations

I request special accommodations for the following IC&RC examination (please check one):

ADC AADC CCS PS PR CCJP

Please provide (check all that apply):

- Extended testing time (time-and-a-half)
- Distraction-free room
- Reader
- Scribe
- Special seating or other physical accommodation
- Other special accommodations (please specify, below):

Comments: _____

Signed: _____ Date: _____

Return this form along with your Documentation of Disability-Related Needs form to TCBAP at least one month prior to your desired exam date.