

TEXAS CERTIFICATION BOARD

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:

TCB 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. TCB 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 TCB. You should contact the Department of Transportation about DOT certification requirements. *You must hold an IC&RC ADC or AADC certification in order to sit for the SAP exam.*

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/Cashier's Check for **\$250.00 Made payable to TCB**
- Registration Application
- Special Accommodations Request, if applicable

Payment Information

_____ I have enclosed a check or money order payable to TCB
_____ I authorize TCB 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 "TAAP".*

SEND YOUR COMPLETED REGISTRATION PACKAGE TO:

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

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 TCB at least one month prior to your desired exam date.

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.