

# TEXAS CERTIFICATION BOARD

401 Ranch Road 620 South, Ste. 310

Austin, TX 78734

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## **SUPPLEMENTAL CCJP EXAM PRE-REGISTRATION FORM**

### **TCB DOES NOT OFFER REFUNDS ON EXAMS**

#### **IMPORTANT! PLEASE CAREFULLY READ ALL INSTRUCTION**

The CCJP supplemental exam is available via computer based testing. To register please complete the application form beginning on the second page of this packet and include required documentation. **Once your application is received and approved by TCB, TCB 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 TCB in order to be eligible to test.

**You must pre-register with TCB 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 TCB 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 TCB 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 TCB 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 TCB 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](mailto:ADMIN@TCBAP.ORG). PLEASES KEEP IN MIND PRE-REGISTRATION PROCESS COULD TAKE UP TO 30 DAYS.**

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

**Computer Based Testing will now be offered on demand. You must pre-register with TCB 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 TCB 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 initial that you have read and agree to the Reschedule/Cancellation Policy**

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 TCB**  
**(no personal checks will be accepted)**
- Registration Application
- Documentation of passing score on the IC&RC ADC Exam
- 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 \_\_\_\_\_  
Billing Zip Code \_\_\_\_\_  
Cardholder Name \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_

- I understand that my credit card billing statement will show charges from "TAAP"*

**Reschedule/Cancellation Policy:** TCB does not offer refunds on exams.

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 TCB you will receive instructions via email from ISO Quality Testing 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 TCB 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.**

## 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 (TCB) 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 TCB at least one month prior to your desired exam date.**