

TEXAS CERTIFICATION BOARD

401 Ranch Road 620 South, Ste. 310

Austin, TX 78734

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

Computer Based Testing LCDC EXAMINATION PRE-REGISTRATION FORM

IMPORTANT! PLEASE CAREFULLY READ ALL INSTRUCTIONS

You MUST be registered with DSHS as an LCDC-I to take the LCDC Examination

The LCDC exam 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 TCB, TCB will pre-register you for the computer based exam with SMT Testing. SMT 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 SMT 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 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 SMT 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 SMT in order to select your test site and location. SMT 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 SMT 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.

COMPUTER BASED TESTING
LCDC CBT EXAMINATION PRE-REGISTRATION FORM

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 SMT 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.*

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) _____
Required

Social Security No. _____ **Gender** _____ **D.O.B.** _____
Required to meet DSHS standards 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 _____ |

Name _____
Last Name First Name Middle Initial / SSN

How many times have you taken/did you take the written examination? _____

WHERE did you perform your 300 Hour Practicum? _____

WHEN did you complete your practicum (please enter as month and year)? _____

Approximately how many supervised work experience hours have you completed to date? _____

WHERE did you receive your 270 Education Hours? (Circle Below)

- | | | |
|---------------------------|---------------------------|---------------------------------------|
| Alvin Community College | Amarillo College | Austin Community College |
| Central Texas College | Del Mar College | Eastfield College |
| El Paso Community College | Houston Community College | Institute of Chemical Depend. Studies |
| Lamar State College | Midland College | San Antonio College |
| Tarrant County College | Texarkana College | Texas A&M |
| Texas State | Texas Tech | University of Texas |
| Exempt | | |

Other _____

WHEN did you complete your Education Hours (please enter as month and year)? _____

**Please use the following checklists to complete your registration packet.
THESE ITEMS MUST BE SUBMITTED WITH YOUR REGISTRATION APPLICATION
OR YOU WILL NOT BE PRE-SCHEDULED FOR THE EXAM! Please note that all items on
the checklist below are required and not waived for anyone regardless of previous testing, degrees
or other licenses held.**

Computer Based Testing Written Examination Only

Money Order/Cashier's Check/Credit Card for **\$250.00 made payable to TCBAP**

(No personal checks will be accepted)

Payment Information

_____ I have enclosed a cashier's 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". TAAP stands for Texas Association of Addiction Professionals

Registration Application

Special Accommodations Request, **if applicable**

Copy of DSHS LCDC counselor intern certificate/card – (must be registered as an LCDC-I to take the LCDC exam, no matter what degree level you hold)

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 TCB 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 SMT Testing to select your test time, date and location. Please closely follow those instructions.

**SEND YOUR COMPLETED PRE-REGISTRATION PACKAGE TO:
TCB
401 Ranch Road 620 South, Suite 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
- Spanish Version 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) *
- 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, and 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
- 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)
- Other (please specify): _____

Signed: _____ Date: _____

Title: _____ License No. (if applicable): _____