

# TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

1005 Congress Ave., Ste. 460

Austin, TX 78701

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## **2010 Computer Based Testing CPS WRITTEN EXAMINATION PRE-REGISTRATION FORM**

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

In addition to the paper and pencil version of the Certified Prevention Specialist (CPS) exam, TCBAP will now be offering a computer based testing option for the CPS EXAM. If you wish to take the CPS exam via the **computer based testing method**, 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.** Listed below are the dates and locations available for computer based testing for 2010. Please note that you must pre-register and pay for computer based testing with TCBAP in order to be eligible to test. *The registration deadlines are listed below and the fee is \$250.*

### **Computer Based Testing will be offered:**

**September 13-25, 2010: Registration deadline is received by August 1, 2010**

**November 29-December 18, 2010: Registration deadline is received by October 25, 2010**

Computer Based Testing Sites in Texas are:

Amarillo College	Amarillo	Texas
Business Communication Solutions-Arlington	Arlington	Texas
Austin Community College	Austin	Texas
Business Communication Solutions-Beaumont	Beaumont	Texas
Computer Minds.com	Bedford	Texas
University of Texas @ Brownsville	Brownsville	Texas
Texas A&M University-Corpus Christi	Corpus Christi	Texas
Business Communication Solutions-Corpus Christi	Corpus Christi	Texas
Southern Methodist Univ. Counseling & Testing Center	Dallas	Texas
Business Communications Solutions - Dallas	Dallas	Texas
El Paso Community College	El Paso	Texas
University of Texas at El Paso	El Paso	Texas
Innovative Minds-East El Paso	El Paso	Texas
Innovative Minds-West El Paso	El Paso	Texas
Computer Labs, Inc.	El Paso	Texas
Texas Southern University Testing Center	Houston	Texas
Business Communications Solutions - Houston	Houston	Texas
West Houston Testing Center	Houston	Texas
Sam Houston State University	Huntsville	Texas
Business Communications Solutions Laredo	Laredo	Texas
South Plains College	Lubbock	Texas
Business Communication Solutions-Lubbock	Lubbock	Texas
Stephen F. Austin State University	Nacogdoches	Texas

Synetra	Odessa	Texas
Business Communications Solutions - Pflugerville	Pflugerville	Texas
Business Communications Solutions Plano	Plano	Texas
Business Communications Solutions - San Antonio	San Antonio	Texas
Business Communications Solutions Sugar Land	Sugar Land	Texas
TX Testing Center	Sugar Land	Texas
Scott and White Memorial Hospital	Temple	Texas
Texarkana College	Texarkana	Texas
University of Houston - Victoria	Victoria	Texas
Business Communications Solutions Waco	Waco	Texas

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.**

**2010 COMPUTER BASED TESTING**  
**CPS EXAMINATION PRE-REGISTRATION FORM PAGE 2**

**Please select your exam date below:**

- September 13-25, 2010: Registration deadline is received by August 1, 2010
- November 29-December 18, 2010: Registration deadline is received by October 25, 2010

**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

**Fax Number** \_\_\_\_\_ **Social Security No. (Optional)** \_\_\_\_\_  
Area Code and Number

**Email** \_\_\_\_\_ **Gender** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
M/F
MM/DD/YYYY

**Ethnic Origin**

[ ] Caucasian	[ ] Hispanic
[ ] African American/Black	[ ] Native Hawaiian
[ ] Native American/Alaskan Native	[ ] Pacific Islander
[ ] Asian	[ ] Other _____

<b>Education Level</b>	<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.**

**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/Cashiers Check for **\$250.00 Made payable to TCBAP**
- Registration Application
- Special Accommodations Request, if applicable
- Documentation of 100 Prevention Specific Education hours (50 of which should be Alcohol, Tobacco and Other Drug Related and 6 of which must be Prevention Ethics). Please include copies of continuing education certificates or official transcripts as documentation.

**RESCHEDULE & CANCELLATIONS:** If a candidate cancels or reschedules their exam less than ten days prior to their scheduled time, the candidate is considered a "No Show" and the candidate will be charged the full testing fee. If a candidate cancels or reschedules more than ten days before their scheduled time a \$50 cancellation/reschedule fee will apply. *A candidate may cancel or reschedule their exam by using the same information provided to them in the email from SMT.*

**LATENESS:** Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to test and will be charged the full test fee.

**Applications must be received by the deadlines indicated on Page 2, not just postmarked by then.**

**SEND YOUR COMPLETED PRE-REGISTRATION PACKAGE TO:  
TCBAP  
1005 Congress Avenue, Suite 460  
Austin, TX 78701**

**Remember, after pre-registering with TCBAP you will receive instructions via email from SMT to select your test time, date and location. Please closely follow those instructions.**

Revised 3/08

### 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) \*
- Separate Testing Environment (this does not infer individualized testing environment) \*
- Other (please specify): \* \_\_\_\_\_

**Accommodations requested for the oral examination (check all that apply):**

- Accessible testing site
- Large Print test material
- Spanish language interview
- Sign language interpreter
- Alternative seating: 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
- 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): \_\_\_\_\_

**Accommodations requested for the oral examination (check all that apply):**

- Accessible testing site
- Large Print test material
- Spanish language interview
- Sign language interpreter
- Alternative seating: specify \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ License No. (if applicable): \_\_\_\_\_