

# TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

1005 Congress Ave., Ste. 460

Austin, TX 78701

Telephone: (512) 708-0629 \* Fax: (512) 476-7297

## **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:**

**June 14-26, 2010: Registration deadline is received by May 1, 2010**

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

### **December 2010 Dates To Be Announced**

Computer Based Testing Sites in Texas are:

Amarillo College	Texas	Amarillo
Austin Community College	Texas	Austin
University of Texas @ Brownsville	Texas	Brownsville
Texas A&M University-Corpus Christi	Texas	Corpus Christi
Southern Methodist Univ. Counseling & Testing Center	Texas	Dallas
El Paso Community College	Texas	El Paso
Innovative Minds-East El Paso	Texas	El Paso
Innovative Minds-West El Paso	Texas	El Paso
University of Texas at El Paso	Texas	El Paso
Business Communications Solutions	Texas	Houston
Texas Southern University Testing Center	Texas	Houston
South Plains College	Texas	Lubbock
Stephen F. Austin State University	Texas	Nacogdoches
Synetra	Texas	Odessa
Business Communications Solutions	Texas	Pflugerville
EduCorp Training & Consulting, Inc.	Texas	San Antonio
Scott and White Memorial Hospital	Texas	Temple
Texarkana College	Texas	Texarkana
University of Houston -Victoria	Texas	Victoria

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:**

- June 14-26, 2010: Registration deadline is received by May 1, 2010
- September 13-25, 2010: Registration deadline is received by August 1, 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**

<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.**

**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): \_\_\_\_\_