

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

1005 Congress Ave., Ste. 460

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2010 Computer Based Testing

IC&RC WRITTEN EXAMINATION PRE-REGISTRATION FORM

IMPORTANT! PLEASE CAREFULLY READ ALL INSTRUCTIONS

In addition to the paper and pencil version of the IC&RC exams administered by TCBAP, TCBAP will now be offering a computer based testing option for the IC&RC exams. If you wish to take the 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
IC&RC 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_____

Education Level	[]	No High School Diploma	[]	Bachelor's Degree
	[]	High School Diploma/GED	[]	Master's Degree
	[]	Vocational Certification	[]	Doctorate
	[]	Associate's Degree	[]	Other_____

- I AM REGISTERING FOR THE CLINICAL SUPERVISION WRITTEN EXAMINATION
- I AM REGISTERING FOR THE ALCOHOL DRUG COUNSELOR WRITTEN EXAMINATION
- I AM REGISTERING FOR THE ADVANCED ADDICTION COUNSELOR WRITTEN EXAMINATION
- I AM REGISTERING FOR THE SAP WRITTEN EXAMINATION
- I AM REGISTERING FOR THE CRIMINAL JUSTICE ADDICTIONS PROFESSIONAL EXAMINATION

**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 (Written Examination), if applicable

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 ISO Quality Testing 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): _____