

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

LCDC WRITTEN EXAMINATION PRE-REGISTRATION FORM

IMPORTANT! PLEASE CAREFULLY READ ALL INSTRUCTIONS

In addition to the paper and pencil version of the LCDC exam, TCBAP will now be offering a computer based testing option for the LCDC **WRITTEN EXAM**. If you wish to take the LCDC Written 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.**

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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

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.** _____
Area Code and Number Optional

Email (required) _____ **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"/>	Bachelor's Degree	<input type="checkbox"/>	Master's Degree
<input type="checkbox"/>	High School Diploma/GED	<input type="checkbox"/>	Doctorate
<input type="checkbox"/>	Vocational Certification	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Associate's Degree	<input type="checkbox"/>	

Have you passed the written examination? YES NO

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

Have you passed the oral examination? YES NO

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

Where did you receive your 270 Education Hours? _____

Where did you perform your 300 Hour Practicum? _____

When did you complete your education hours? _____

When did you complete your practicum? _____

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

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**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!**

Computer Based Testing Written Examination Only

- Money Order/Cashiers Check for **\$250.00 made payable to TCBAP**
- Registration Application
- Special Accommodations Request (Written Examination), **if applicable**
- Registration Application
- Copy of DSHS counselor intern verification letter/card

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): _____