

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

1005 Congress Avenue, Ste. 460, Austin, TX 78701

Telephone: (512) 708-0629 * Fax: (512) 476-7297 * Email: TCBAP@tcbap.org

2010 ICRC EXAMINATION REGISTRATION FORM

Listed below are the scheduled examination sites and dates for 2010. The written and oral examination will be available at each site. All documents must be RECEIVED by the deadline dates indicated, NOT just be postmarked by that date. Please mark the examination for which you wish to register.

MARCH 12-13, 2010 – San Antonio, Texas: The registration deadline is January 19, 2010.

JUNE 11-12, 2010 – Houston, Texas: The registration deadline is April 16, 2010.

SEPTEMBER 10-11, 2010 – Mesquite, Texas: The registration deadline is July 16, 2010.

DECEMBER 10-11, 2010 – Edinburg, Texas: The registration deadline is October 15, 2010.

Please be advised that TCBAP grants refunds on test registrations per the following provisions: a 100% refund of the examination fee will be provided by TCBAP when written notice is submitted by the applicant to TCBAP 20 calendar days prior to the examination; a 50% refund of the examination fee will be provided by TCBAP when written notice is submitted by the applicant to TCBAP 10 calendar days prior to the examination; examination fee will be non-refundable if the applicant fails to provide written notice to TCBAP less than 10 calendar days prior to the examination; TCBAP will charge a \$25.00 administrative handling fee for each refund/re-schedule request. Those candidates seeking to reschedule their examination(s), after having previously rescheduled an examination, will forfeit all paid fees.

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

Area Code and Number

Home Phone

Area Code and Number

Fax Number

Area Code and Number

Social Security No. (Optional)

Email

Gender

M/F

D.O.B.

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 **\$155.00** Made payable to TCBAP
- Registration Application
- Special Accommodations Request (Written Examination), if applicable

SEND YOUR COMPLETED REGISTRATION PACKAGE TO:

**TCBAP
1005 Congress Avenue, Ste. 460
Austin, TX 78701**

Revised 3/07

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): * _____

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): _____

Signed: _____ Date: _____

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