



*** PROVIDERS RETAIN THIS FORM FOR 5 YEARS ***

CANDIDATES ELIGIBILITY FORM

Please PRINT all information clearly. This is how your name will appear on your Associate Certificate.

Name: In the boxes below enter your name exactly as it appears on your Government Issued Photo ID.
NOTE: If the name does not match your Photo ID you will not be admitted into the Exam.

FirstName		LastName		MI	
------------------	--	-----------------	--	-----------	--

A unique **E-mail Address** is required in order to receive communications from NABCEP about the Associate Exam. The email will not be used for any other purpose. NOTE: your eligibility cannot be processed without a unique email address.

Email		Date of Birth: MONTH/DAY/YEAR	
--------------	--	--------------------------------------	--

Mailing Address: NABCEP mails score notifications to this address if in U.S./Canada; REGISTERED PROVIDERS OUTSIDE THE U.S. & CANADA ARE RESPONSIBLE FOR DELIVERY OF NOTIFICATIONS TO THEIR QUALIFYING CANDIDATES.

Street 1			
Street 2		City	
State		Postal Code	Country

Check the box next to the format of the Exam that you plan to take:	Paper & Pencil with my Provider (U.S./Canada option only)	<input type="checkbox"/>
	CBT with Scantron	<input type="checkbox"/>

Special Accommodations are available for individuals who can document a physical, mental, or learning disability that qualifies under the Americans with Disability Act. A Special Accommodation Request form must be submitted to NABCEP along with supporting documentation.

Release of Scores: NABCEP releases the individual score results to the registered Exam Provider for all of the candidates to which the Provider confers eligibility. *If you would prefer to not have your score released to the Provider, you may "opt-out" by initialing the box to the right.*

--

By signing below I acknowledge that I have received and read the NABCEP *Associate Handbook* and the NABCEP Associate Exam Learning Objectives or JTA. Furthermore, I acknowledge that I understand that the NABCEP Associate Exam is intended to test basic knowledge, that the Associate Program is not equivalent to NABCEP Professional Certification, and that passing this exam does not confer or imply any permission or license to work in any field or position.

Candidate Signature _____

FOR EXAM PROVIDER USE

PROVIDER NAME _____ **MREA**

INSTRUCTOR NAME _____

By the authority invested in me by NABCEP, I confirm that the above named candidate completed coursework that qualifies him or her to sit for the NABCEP Associate Exam. **Course Completion Date:**

IMPORTANT: AFTER A PAPER & PENCIL EXAM, TRANSFER THE 9 DIGIT CANDIDATE ID NUMBER FROM THE ANSWER SHEET "IDENTIFICATION NUMBER" HERE: _____