



“No-Show” Exam Application

As stated in the IC&RC Candidate Guide; “If candidates fail to show up for an examination, do not have the proper identification or Candidate Admission Letter, they will not be permitted to sit for their examination. They will be considered a “No-Show,” examination fees will be forfeited, and they will be required to re-register and pay all fees to their IC&RC Member Board prior to scheduling another examination.”

Complete this application if:

1. You have missed your scheduled exam date and have not/were not able to reschedule 5 days prior to the scheduled exam date or provide sufficient documentation of why exam date was missed within 14 days of the scheduled exam date.
2. You have missed your 6-month period to schedule and take the exam as stated in your Exam Registration email from Iso-Quality Testing, Inc.
3. You were late to your scheduled exam time, did not bring the proper identification or candidate admission letter.

Please refer to the IC&RC Candidate Guide for all regulations <https://cadtpcounselors.org/resource-center/>

You **MUST** include the following with this completed application:

Payment of \$175; Credit Card (**Visa or Mastercard ONLY**), Check, or Money Order

Making or giving any false statement or information in connection with an application for issuance of a certificate is reason for permanent denial of certification.

Name: First		Middle	Last	
Mailing Address:				
City:		State	Zip code:	Phone:
Email Address (Required):				
Driver’s License #:		Last 4 of SSN:		Date of Missed Exam:
Signature of Applicant:				Date:





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CREDIT CARD INFORMATION (Master Card or Visa Only)

CADTP does not process the payment until we process your application.

If you would like to make immediate payment, please pay online on the payment portal at www.cadtpcounselors.org/payment-portal

The information below will be shredded after your card has been charged; we do not keep your credit card information on file.

Please type or print legibly:

Full Name (as it appears on the card): _____

Company Name (If using company card): _____

Complete Billing address: _____
Street number and name, City, State and Zip Code are required

Credit Card Number: _____

Expiration Date: _____ Card ID Number*: _____
*Card ID Number appears on the reverse side of the card as the last 3 numbers near the signature

Total Amount to be charged: \$ _____

Authorized Signature: _____

Email for copy of receipt (optional): _____

