



Exam Retake Application

Please Note: There is a required 90 day waiting period from the day you took the last exam. Please use this time to study and prepare for your exam re-take. Please call us with any questions and visit the CADTP website for exam study resources.

In December 2011, IC&RC began using pretest items on its exams. Pretesting allows IC&RC to streamline its exam development process, provide much needed data on questions and increase the security of its exams. On each IC&RC exam there are 25 “unweighted” items that do not count toward candidates’ final scores. Un-weighted items are also called pretest items. Pretest items are not identified on exams and appear randomly on all exam forms. All exams are 150 questions in length.

For further information regarding pretest items please visit IC&RC’s website at the following link: <http://www.internationalcredentialing.org/news?mide=PostView&bmi=690907>.

Please review the IC&RC Candidate Guide at the following link for rules and more information regarding the exam https://internationalcredentialing.org/resources/Candidate%20Guides/ADC_Candidate_Guide.pdf

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	
Full Street Address:				
City:		State	Zip code:	Phone:
Email Address (Required):				
Driver’s License #:		Last 4 of SSN:		Date of Last exam attempt:
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): _____

