



CBDT™ Re-examination – Application

This application may **ONLY** be used if you are applying for reexamination because you **did NOT pass** the CBDT examination and you are applying to sit for the exam *within one year from the failed exam date*.

An acknowledgement of receipt of the candidate’s re-application will be provided via e-mail within 10 business days of receipt of this Application in the ISCD office.

Incomplete Applications will be RETURNED Unprocessed.

Forward the application and registration fee to:

MAIL: Certification Administrator, ISCD, 342 North Main Street, West Hartford, CT 06117-2507

Candidate Information

Name: _____
(Must be the same as it appears on your Drivers License or ID)

Home Address (Do not use a PO Box): _____

City: _____ State/Province: _____ Zip/Postal Code _____

Phone: _____ Fax: _____ E-mail: _____
(All correspondence sent via e-mail)

Organization: _____

Job Title: _____

Date of "Original" Examination _____

Special ADA (Americans with Disability ACBDT) Accommodations Request

If you have special testing requirements, please attach a sheet to your application outlining your request and stating the reasons for your request.

- Candidates will be sent Notice of Approval from ISCD included with their Authorization to Test (ATT) confirmation.
- Candidates must call the special conditions coordinator at the Prometric Candidate Services Contact Center (CSCC) at the toll-free number **(800) 967-1139** to schedule an appointment.

I acknowledge that I have reviewed the examination process as outlined in the CBDT Handbook

FEE: CBDT™ Examination Fee (U.S. Dollars)

ISCD Member	\$275
ISCD Non-member	\$375

PAYMENT:

Please charge: \$_____ my: MasterCard Visa American Express

Card Number _____ Expiration Date _____

Name as it appears on card _____

Billing Address: _____

Signature _____

Or

Make **Check** Payable to: **ISCD (US Dollars)** Check No. _____ Amount \$ _____