Written Test Scheduling Form

Check the **TEST SCHEDULE** in your application packet for test dates, locations, and cut-off dates. Make several copies of this form in the event that you need to retake the examination. Send a copy, along with applicable test fees to the address listed below.

AS SEATING IS SOMETIMES LIMITED, SCHEDULING WILL BE ON A FIRST-COME, FIRST-SERVE BASIS.

I, _____ would like to be scheduled for the written

examination(s) on:

_____, 2006, in _____, Florida.

_____, 2006, in _____, Florida.

____ **International (ICRC) exam - $75.** Retest fee $75.
(for CAP's / individuals obtaining the CAP through licensure / CAC's desiring reciprocity)

Spanish: ____yes ____no

Large print: ____yes ____no – **large print not available in Spanish**

____ **Florida Specific exam - $50.** Retest fee $50.
(Required for all levels of certification. Exception: CAP through licensure)

Spanish: ____yes ____no

Large print: ____yes ____no – **large print not available in Spanish**

____ **National Criminal Justice exam - $75.** Retest fee $75.
(CCJAP)

____ **Prevention International - $75.** Retest fee $75.
(for CAPP's / CAAPP-2's desiring reciprocity)

*____ Check here if you would like to take both exams on the same day.
(Only available at specific locations. See test schedule for dates)

NAME:_____ LEVEL: _____

ADDRESS: _____
City State Zip

MAIL TO:
Florida Certification Board
1715 S. Gadsden Street
Tallahassee, FL 32301