



Registration Form

(To be completed by organization)

(Please print legibly)

Name of Organization: _____

Primary Provider Contact: _____

Provider Phone Number: _____ **Email:** _____

Provider Address: _____

Signature of Primary Provider Contact: _____ **Date:** _____

Print Name: _____ **Title:** _____

The organization will receive a confirmation email from ABTC Executive Offices following the submission of this form. If a candidate takes the exam and does not pass, they will have the opportunity to retake the exam after 90 days of their last attempt using the same login process. If a candidate needs a retake, they must do so within the year of their participation. The organization will be invoiced either (1) on the candidate's successful first attempt or (2) after a second attempt. The program participation period for everyone is 12 months. Any candidates who have registered and/or scheduled to take an exam and have not done so by the end of their participating year, the organization will be invoiced for that exam. This registration form is valid for one year. Please do not provide this form to applicants.

For questions regarding the CertPath program or to submit your completed registration form, please contact info@abtc.net.

We look forward to your participation in CertPath and support of your practitioners' professional career path!