



## Registration Form

(Please print legibly)

Name of Organization: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Signature of Responsible Agent of Organization:

Date:

\_\_\_\_\_

\_\_\_\_\_

Print Name:

Title:

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant(s):

Email address(es): Exam, CCTC, CCTN, CPTC, CTP

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Participation in the program begins once the program applicant receives a confirmation email from ABTC Executive Offices following the submission of this form. The participation period is for 12 months. Once the candidate takes the exam and ABTC is notified that they have passed, the organization will be invoiced. 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 process. If a candidate needs a retake, they must do so within the year of the organization's participation. After two unsuccessful attempts, the organization will be invoiced. Any candidates who have registered and/or scheduled to take an exam and have not done so by the end of the participating year, the organization will be invoiced for that exam. **The CertPath program covers only the examination fee.**

For questions regarding the CertPath program or to submit your completed registration form, please contact [info@abtc.net](mailto:info@abtc.net).

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