



Registration Form

(To be completed by organization)

Name of Organization: _____

Primary Contact: _____

Primary's Phone Number: _____ Email: _____

Primary's Address: _____

Responsible for Payment Name and Email (if different from primary):

Signature of Primary Contact:

Date:

Print Name:

Title:

This form is to be completed by the person responsible for the CertPath program. 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 can retake it 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.**

Payment is due 30 days after the organization is invoiced. If payment is not made, ABTC may suspend the organization's and applicant's access to CertPath until the full payment is received.

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!