



CPM Oral Test Registration Form

You must send a copy of DCA-ADCC Test Approval Letter with this form.

To schedule to take the Case Presentation Method Oral Test please mail

- \$200.00 a non-refundable check or money order CPM Exam
- Or **\$50.00** CPM Rescheduling Fee. Payable to the Certification Board, Inc.

Email one signed copy of your Case Study to cases@certbd.org
and send a copy of DCA-ADCC Test Approval Letter AND
this completed application and send TO:

The Certification Board of New Jersey.

You will receive an email for your oral exam date after this form is received by the Certification Board.

NAME: _____
(Please Print Your Name)

EMAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____

DAYTIME PHONE #: _____

I wish to take the CPM in Spanish. _____

Number of times you have taken the CPM Exam.
Include this round as well: _____

Enclosed:

_____ Four copies of your Case Study

_____ Copy of DCA-ADCC Test Approval Letter

_____ Enclosed is my \$200.00 CPM Testing Fee.
(Failed applicants being rescheduled must pay \$200

_____ \$ **50.00** CPM Rescheduling Fee (if cancelled prior to 24 hours of the test date.)