



The Certification Board, Inc.
1200 Tices Lane - Suite 206 - East Brunswick, NJ 08816
Fax: 732-249-1559
E-Mail: testing@certbd.com - Website: www.certbd.com

CPM Oral Test Registration Form

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

Name: _____ **Daytime Phone #** _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Email address: _____

Enclosed is my \$200.00 CPM Testing Fee.

(Failed applicants being rescheduled must pay \$200)

Enclosed is my \$150.00 CPM Rescheduling Fee.

Enclosed are one original and three copies of my Case Study.

Note: Copies of every page, including Cover Sheet and Demographic Page are required

I wish to take the CPM in Spanish.

I do not wish to take the CPM.

Write down the number of times you have taken the CPM Exam.

Include this round as well: _____

Please mail the \$200.00 CPM Exam fee, along with your four copies of your Case Study, to the address above:

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

All checks/money orders payable to: The Certification Board, Inc.