

PENNSYLVANIA

CERTIFICATION BOARD

RETEST FORM

This form is for those professionals who have previously failed the examination and need to retake the examination. Do not complete this form if you are applying for certification, or if your certification has lapsed. You must test at least once in a one-year period or your application will be closed, and you will need to apply anew to continue the certification process. Questions regarding retesting can be emailed to info@pacertboard.org.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Email: _____

EXAMINATION	FEE	ADDITIONAL REQUIREMENTS
Peer Specialist (CPS)	\$75	
Recovery Specialist (CRS)	\$75	
Associate Addiction Counselor (CAAC)	\$175	Candidates must wait 90 days to retest.
Alcohol and Drug Counselor (CADC)	\$175	Candidates must wait 90 days to retest.
Advanced Alcohol and Drug Counselor (CAADC)	\$175	Candidates must wait 90 days to retest.
Clinical Supervisor (CCS)	\$175	Candidates must wait 90 days to retest.
Allied Addiction Practitioner (CAAP)	\$75	
Prevention Specialist (CPS)	\$175	Candidates must wait 90 days to retest.
Family-Based Therapy (FBT)	\$75	

SELECT EXAM: CPS (Peer) CRS CAAC CADC CAADC CCS CAAP CPS (Prevention) FBT

FEE: \$75 \$175 *Fee must accompany form.*

Payment (check one): Check Money Order VISA MasterCard Discover American Express
Checks & Money Orders made payable to PCB

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
(If different than Home Address)

TO SUBMIT YOUR RETEST FORM, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** info@pacertboard.org *NOTE: Only PDFs are acceptable. PCB does not accept photos of forms.*
3. **Fax:** 717-540-4458