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@ricertboard.org.

Name: ____________________________________________

Home Address: __________________________________________________________

City: __________________________ State: ______ Zip: ______________________

Work Phone: ___________________ Cell Phone: ___________________ Email: __________

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>FEE</th>
<th>ADDITIONAL REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and Drug Counselor (CADC)</td>
<td>$150</td>
<td>Candidates must wait 90 days to retest.</td>
</tr>
<tr>
<td>Advanced Alcohol and Drug Counselor (CAADC)</td>
<td>$150</td>
<td>Candidates must wait 90 days to retest.</td>
</tr>
<tr>
<td>Clinical Supervisor (CCS)</td>
<td>$150</td>
<td>Candidates must wait 90 days to retest.</td>
</tr>
<tr>
<td>Prevention Specialist (CPS)</td>
<td>$150</td>
<td>Candidates must wait 90 days to retest.</td>
</tr>
<tr>
<td>Peer Recovery Specialist (CPRS)</td>
<td>$100</td>
<td>Candidates must wait 90 days to retest.</td>
</tr>
</tbody>
</table>

SELECT EXAM:   □ CADC   □ CAADC   □ CCS   □ CPS   □ CPRS

FEE: □ $100 □ $150 Fee must accompany form.

Payment (check one): □ Check □ Money Order □ VISA □ MasterCard □ Discover □ American Express

Checks & Money Orders made payable to RICB

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