North American Board of
NABCEP
Certified Energy Practitioners

EXAM SCHEDULING FORM

Please complete and return this form AFTER you have received notice that you are approved to sit for the Certification Exam and by 30 days before the examination date.

Please type or print all information clearly.

1. IDENTIFICATION INFORMATION

Last Name	First	Middle	Suffix

Current Mailing Address: Street Address or P.O. Box

Address line 2

City	State	Zip Code	Country

Phone Number	E-Mail Address

Has your address or name changed since you applied for eligibility to sit for the NABCEP exam?

2. EXAM SCHEDULING

Please select one exam date, mark one exam category and select your 1st and 2nd choice of exam location:

☐	September 11, 2010
☐	March 26, 2011

☐	Solar PV Installer
☐	Solar Thermal Installer
☐	Small Wind

☐	AZ03 - Arizona	☐	MN03 – Minnesota	☐	TX02 – Texas
☐	CA05 – Northern CA	☐	NC03 – North Carolina	☐	UT01 – Utah
☐	CA04 – Southern CA	☐	NJ04 – New Jersey	☐	WA02 – Washington
☐	CO01 – Colorado	☐	NM02 – New Mexico	☐	WI03 - Wisconsin
☐	FL04 – Florida	☐	NY01 – New York		
☐	HI01- Hawaii	☐	NY04 – Upstate New York		
☐	IL01 – Illinois	☐	OH01 – Ohio	☐	BC01 – Canada
☐	MA04 – Massachusetts	☐	OR02 – Oregon	☐	PR02 - Puerto Rico

Exam seating may be limited, and NABCEP will schedule applicants on a first-come, first-paid basis.
All fees must be paid in full 30 days prior to exam date.

3. FEES (check one)

☐ $300 First time exam fee

$200 for 2nd ☐ 3rd ☐ or 4th ☐ time taking the exam

☐ Check or money order payable to NABCEP. ☐ VISA ☐ MasterCard

Name on card: _____ Signature: _____

Billing address on credit card statement_____

M M / Y Y Expiration Date	Credit Card number (do not use spaces or dashes)	CRN

4. Special Accommodations

Are you requesting special testing accommodations? Yes ☐ No ☐

If yes, did you already submit a Request for Special Accommodations Form? If not, it must be attached, with appropriate documentation, to this Exam Scheduling Form. For details see Section 5.3 of the *Candidate Information Handbook.*

Send Exam Scheduling form and Payment to:

Professional Testing, Inc.
NABCEP
PO Box 691226
Orlando, FL 32869-1226

Phone: (800) 654-0021 • Fax: (407) 264-2855

Email: nabcep@proftesting.com

Final approved site locations will be posted at www.nabcep.org 30 days prior to the exam. Please call if you have not received your admission slip at two weeks prior to the exam.