



RETEST FORM

This form is for those professionals who have previously failed the examination and need to retake the examination. This form does not need to be completed for those who are applying for certification, or whose 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. Candidates who have failed the exam must wait 60 days to retest. Questions regarding retesting can be emailed to info@delawarecertificationboard.org.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Email: _____

FEE: \$150 must accompany form

Check/MO (payable to DCB)

Credit Card (*Visa, MasterCard or Discover*)

3-digit code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
(If different than Home Address) _____

Retest form can be emailed, mailed or faxed to the office:

DCB
298 S. Progress Ave.
Harrisburg, PA 17109

info@delawarecertificationboard.org

(717) 540-4456 Phone | (717) 540-4458 Fax