



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@decertboard.org.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Email: _____

EXAMINATION	FEE	ADDITIONAL REQUIREMENTS
Alcohol and Drug Counselor (CADC)	\$150	Candidates must wait 90 days to retest.
Advanced Alcohol and Drug Counselor (CAADC)	\$150	Candidates must wait 90 days to retest.
Clinical Supervisor (CCS)	\$150	Candidates must wait 90 days to retest.
Prevention Specialist (CPS)	\$150	Candidates must wait 90 days to retest.
Peer Recovery Specialist (CPRS)	\$100	Candidates must wait 90 days to retest.

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 DCB

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