



CWPI-P, CWCM-P, CWLC-P EXAM REGISTRATION FORM

May 2025

This form must be completed by the **Point of Contact (POC)** and submitted to the **FCB at least 10 business days before the requested test date.**

A **new, updated form** is required when:

- A trainee **drops out of the program** before testing, or
- Schedules a **retake exam**.

POCs are responsible for ensuring that the **trainee's name is listed EXACTLY as it appears on government-issued identification.**

An **Exam Confidentiality Form** must be completed and submitted for each applicant listed on this form.

All forms must be typed. Handwritten forms will not be accepted and will be returned to the applicant.

Part 1: Point of Contact Information

Point of Contact Name:	Region:
Email Address:	Phone Number:
Proctor Name: **	
Email Address:	Phone Number:

Part 2: Testing Information

Exam Name:	☐ CWF - CM	☐ CWF - PI	☐ CWCM	☐ CWPI
Exam Date:	# of Examinees:			
Exam Site Name:				
Exam Site Physical Address:				

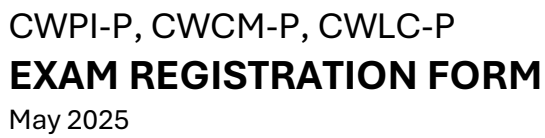
Part 3: Applicant Information - Applicants' names must match their government-issued ID, and an email address is required.

Name	Email Address	Exam Attempt (e.g., 1 st , 2 nd)	SA? ***

* Eligible proctors are approved by FCB

** One proctor is required for groups of up to 20 people. For groups exceeding 20, two proctors must be present.

*** Requests for Special Accommodations (SA) are due AT LEAST 30 business days before the requested test date.

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