CWPI-P, CWCM-P, CWLC-P

RETAKE 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: Northeast
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., 1st, 2nd)**	**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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