



Emergency Withdrawal Request Form

Candidates may submit an emergency withdrawal request, if an emergency (serious illness, injury or unexpected hospitalization, a death in the immediate family, a serious accident, or a court appearance) occurs on the day of the exam appointment.

Please submit this form along with official documentation of the emergency (e.g., hospital documents, police report, obituary). Emergency withdrawal requests must be received by PTCB no later than 48 hours after the last day of the candidate's authorization period. If approved, a full refund will be issued in the original form of payment within approximately 10-15 business days.

Candidate Information

First Name: _____

PTCB Account ID: _____

Last Name: _____

Exam Information

Scheduled Appointment Exam Date: _____

Scheduled Appointment Time: _____

Emergency Withdrawal Information

Date of Emergency: _____

Emergency Reason	
<input type="checkbox"/> Death in the immediate family	<input type="checkbox"/> Serious Injury or Accident
<input type="checkbox"/> Illness or Hospitalization	<input type="checkbox"/> Court Appearance
<input type="checkbox"/> Other (please describe)	

Fax or e-mail completed form to PTCB

2215 Constitution Ave, NW · Suite 101 · Washington, DC 20037 · Tel. 800-363-8012 · Fax 202-888-1699 · contact @ptcb.org

Emergency withdrawal requests must be received by PTCB no later than 48 hours after the last day of the candidate's authorization period.