



CERTIFICATION EXAMINATION ROSTER FOR: (CHECK ONE)

- Dental Assistant Medical Administrative Specialist Medical Assistant
 Phlebotomy Technician Medical Laboratory Assistant (**Computer Only**)

TYPE OF EXAM REQUESTED: PAPER & PENCIL (APPROVED SCHOOL) COMPUTERIZED

Please return this completed form with applications **at least six (6) weeks prior** to requested exam date.
Please type or print clearly – all fields must be filled in for applications to be processed.

Name of School: _____

Street Address: _____

City/State/Zip: _____

School Contact Person: _____

Contact's E-mail: _____

Contact's Phone Number: (____) _____ FAX (____) _____

Requested Examination Date (Paper and Pencil): _____

Proctor(s) Name/Phone Number: _____

Proctor(s) Name/Phone Number: _____

Proctor(s) ID#: _____ Confirmed with Proctor(s): YES NO

NEW APPLICANTS: CURRENT STUDENTS/GRADUATES (Attach additional rosters as required)

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

RESCHEDULED APPLICANTS

OTHER: STUDENTS/INSTRUCTORS/APPLICANTS

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.