

TRECCERT EXAM APPLICATION FORM	
I PERSONAL INFORMATION	
FIRST NAME	
LAST NAME	
ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER	
II EXAM INFORMATION	
EXAM TITLE	
EXAM DATE	
EXAM LOCATION	<input type="checkbox"/> Online <input type="checkbox"/> Classroom
III ACCOMODATION FOR SPECIAL NEEDS	
If you have any request for accommodation, please fill out this form and send it to the Examination Manager (examination@treccert.com) at least one (1) week prior to the exam date.	
WHAT IS THE NATURE OF YOUR IMPAIRMENT?	
REQUESTED ACCOMMODATION	<input type="checkbox"/> Extended Examination Time <input type="checkbox"/> Separate Examination Room/Space <input type="checkbox"/> Human Assistance (Reader) <input type="checkbox"/> Other, please specify: _____
IV DECLARATION	
<ol style="list-style-type: none"> 1. I certify that I am the individual taking the Exam and have provided TRECCERT with current and accurate information during registration related to the credential and related exam. 2. I agree to be bound by the identification requirements that are in effect on the Exam date. 3. I certify that I am taking the Exam for the sole purpose of getting TRECCERT certified. 4. I certify that I have not taken the Exam within one (1) year of the Exam date. 5. I have read, understand and agree with the terms and conditions set forth in the Candidate Examination Handbook for the Exam. 6. I understand and agree that as part of the assessment process, I will be requested to provide certain personal information to TRECCERT and its third-party exam administrations for the purposes of exam management, exam proctoring, and psychometric analysis and exam results. 7. I understand and agree that disclosure of the Exam items to any person or entity is considered a breach of confidentiality and security of the assessment items. I agree to not discuss or disclose any information related to the Exam, in whole or in part, in any form or by any means (written, oral, media, forums or otherwise). 8. I agree to not participate in any activity that could be construed as unprofessional or fraudulent behavior. 9. I agree to notify TRECCERT immediately upon discovery of any breach of this Declaration, and to cooperate with TRECCERT in every reasonable way to assist TRECCERT in mitigating the consequences of such breach. 10. I understand and agree that any breach of this Declaration, which may include cheating and sharing information about the Exam to any third party, may result in TRECCERT taking corrective actions such as grading the exam as Failed, banning the Examinee from retaking the Exam, banning 	

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the Examinee from getting TRECCERT certified and in extreme instances, civil or criminal prosecution.

11. I agree to provide to TRECCERT all required documentation in connection with my request for accommodation of my stated disability. I declare and verify under penalty of perjury that all information provided by me to TRECCERT or to others evaluating my disability is true to the best of my knowledge and belief.
12. I understand and agree that the TRECCERT has requested this documentation for use in evaluating the existence and nature of my disability and the need for the requested accommodation.
13. I understand and agree that TRECCERT may provide this documentation to qualified professionals in connection with an independent review of my request for accommodation.
14. I agree that TRECCERT and/or its outside experts may directly contact any of the professionals or other persons who have provided information pertaining to my disability to obtain further information, clarification, or documents. I authorize those individuals to disclose such information concerning their evaluation.

Examinee Signature		Date (DD.MM.YY)	
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Once submitted you will receive an email to the email address provided, confirming your entry. If you have not received an email, please check your junk/spam box or contact us at examination@treccert.com.