ATP Retake Application

This form may be used only by applicants who have taken the ATP exam within the past year.

A 90-day waiting period is required prior to retesting. Per the AT Candidate Handbook, retake of the ATP exam must be completed within one year of the last sitting to receive a reduced price of $250, after which the cost will be $500.

Name: ___________________________________________ Last ATP exam date: __________

Note: Please write your name exactly as it appears on your state-issued ID. All candidates must present their ID for admittance into the Prometric test center. If on your ID, your name appears differently from how you’ve written it above, you will be denied entry into the test center.

Home Address: ___________________________________________

Home Address Line 2: __________________________________________

City: ______________ State/Province: ______ Zip/postal: ______ Country: __________

Phone number: _____________________________ Cell Phone number: _____________________________

Organization: ___________________________________________ Job title: _____________________________

Business Address: ___________________________________________

Business Address Line 2: ___________________________________________

City: ______________ State/Province: ______ Zip/postal: ______ Country: __________

Business phone number: _____________________________ Fax number: _____________________________

Preferred address for USPS communications from RESNA:  □ home  □ business

Preferred Email Address: _____________________________ (Note: RESNA will send exam scheduling instructions to this email address)

Exam Scheduling and Payment of $250 ATP retake fee

Test window: □ Winter  □ Spring  □ Summer  □ Fall

Note: You must take the exam within one year of your last attempt. RESNA may adjust the dates of your exam window to prevent you from taking the exam before the end of your 90-day waiting period following your last attempt.

Do you require special accommodations?  □ no  □ yes (explain reason, and attach medical documentation):

Please indicate your method of payment:

□ A check, made out to RESNA, is enclosed
□ Please invoice me to pay online with a credit card

Return completed application/renewal form with fee to:

RESNA
2025 M St NW
Suite 800
Washington DC 20036-2422

email: certification@resna.org

tel: 202-367-1121