



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):

Payment (\$250):

Check/Money order

Credit Card Number: _____ Expiration date: _____ Sec. code: _____

Name on Card: _____

Billing address: _____

Signature: _____ Date: _____

Submit this completed form with payment to: RESNA
1560 Wilson Blvd, Suite 850
Arlington, VA 22209

or fax to 703-524-6630 or email to certification@resna.org