



# 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](mailto:certification@resna.org)