



# CBT Reschedule Form

7-1-14

1. Complete ALL sections of the application. Please type or print legibly in ink.
2. Sign and date the Reschedule Form.
3. Mail or fax the completed, signed Reschedule Form, and the \$75 fee to the BONENT Executive Office.

Fees	
CBT Reschedule Fee	\$75
Incomplete Application Penalty	\$40
Insufficient Funds Fee	\$75

**Contact the BONENT Executive Office at (202) 462-1252 if you have questions about this form.**

**Application to be filled out by Applicant ONLY!** (Please Print Clearly)

Name  Mr.  Ms. \_\_\_\_\_  
Current Legal Last Name      Maiden or Previous Legal Last Name      First      Middle

Home Address \_\_\_\_\_  
Street      City      State      Zip

Facility Name \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

E-mail \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of missed examination \_\_\_\_\_

<p><b>Reason for Reschedule</b> (Official documentation must be attached to this form)</p> <p><input type="checkbox"/> Death of an immediate family member (mother, father, siblings, spouse, children)</p> <p><input type="checkbox"/> Natural disaster (hurricane, earthquake)</p> <p><input type="checkbox"/> Candidate's illness or hospitalization</p> <p><input type="checkbox"/> Jury duty</p> <p><input type="checkbox"/> Military deployment</p>	<p><b>Payment Information:</b>    <input type="checkbox"/> <b>Check/Money Order:</b> Make payable to BONENT</p> <p style="text-align: right;"><b>Credit Card:</b>    <input type="checkbox"/> MasterCard    <input type="checkbox"/> Visa    <input type="checkbox"/> AMEX</p> <p>_____  <small>Credit Card Number</small>      <small>Exp. Date</small></p> <p>_____  <small>Cardholder's Name (PRINT)</small></p> <p>_____  <small>Cardholder's Signature</small></p>
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## Deadline:

The CBT Reschedule Form and payment must be submitted to the BONENT Executive Office, postmarked or faxed, less than 7 days after the missed exam date.

**Your original 6-month timeframe to take the CBT exam will still apply.**

**Mail to: BONENT Executive Office, 100 South Washington St., Rockville MD 20850**

**Fax to: 202. 463.1257**

\_\_\_\_\_  
 Applicant's Signature      Date

**BONENT Office Use Only:**    PM \_\_\_\_\_ # \_\_\_\_\_ Amt. \_\_\_\_\_ I \_\_\_\_\_