



CBT Reschedule Form

2020

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 \$105 fee to the BONENT Executive Office.

Fees	
CBT Reschedule Fee	\$105
Incomplete Application Penalty	\$65
Insufficient Funds Fee	\$80

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>Reason for Reschedule (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>Payment Information: <input type="checkbox"/> Check/Money Order: Make payable to BONENT</p> <p style="text-align: right;">Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX</p> <hr/> <p>Credit Card Number _____ Exp. Date _____</p> <hr/> <p>Cardholder's Name (PRINT) _____</p> <hr/> <p>Cardholder's Signature _____</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 _____