



Last Name:

First Name: MI: ID#: H S

Address:

City: State:

ZIP Code: -

Home Telephone: - - Work Telephone: - -

E-mail:

Date of Birth: - - Male: Female:
month day year

Ethnic Origin (optional—for statistical purposes only):
 African American American Indian Asian Hispanic/Latino Multiracial Native Hawaiian Caucasian Other

OFFICE USE ONLY	
REF.#: _____	DATE: _____
BATCH #: _____	AMOUNT: _____

About Reregistration

- The cost to reregister is \$100. This examination fee is nonrefundable and nontransferable.
- Registration is required. Please allow four weeks for processing from the date your fee clears. (To check the status of your registration, please e-mail exam@cce-global.org.)
- You will be notified of the scheduling process via e-mail once your examination reregistration is processed. You must test within the test window. You are also responsible for ensuring that you test before your HS-BCP application or student status closes.

To Reregister

- Your completed reregistration form must be signed and dated.
- Your \$100 examination fee must be included and made payable to CCE.
- **Your reregistration form and payment must be received and you must be approved by CCE before you can schedule an exam date.**

Special Accommodations

Send requests to the following address for preapproval:
 CCE/Attn: HS-BCP Program Coordinator
 3 Terrace Way, Greensboro, NC 27403

Send completed reregistration form and fee to:

CCE/Attn: HS-BCP Program Coordinator
 P.O. Box 63160, Charlotte, NC 28263-3160

Or fax to **336-482-2852**.

Have you previously taken the HS-BCP examination?

No Yes

If **Yes**, indicate date(s) of exam:

- -
month day year

- -
month day year

Signature: _____

Date: _____

Testing Questions? TEL: 336-482-2856 • E-MAIL: exam@cce-global.org • WEB: www.cce-global.org

Enclosed is a check or money order—payable to CCE—in the amount of **\$100 (U.S. dollars)**:

Please charge the credit card listed below in the amount of **\$100 (U.S. dollars)**:

Card Type: VISA MasterCard American Express

Name on Card:

Card number:

Three-digit verification number (located on back of card): Expiration date: /

Cardholder Signature: _____ Date: _____