

REQUEST TO BE SCHEDULED

- I have received written notice that I may register for the Readiness for Practice Examination.
- I acknowledge that I have read and understand all College policies and procedures related to the examination indicated above.
- I have sent, or will be sending, payment of the required fee to the College.

Applicant Name: _____

- By completing and submitting this form, I acknowledge that my request to access this examination is contingent upon a) my eligibility to take this examination, and b) payment of the required fee to the College. I understand that I will be informed by the College if any issues arise with respect to this request.