NSCA™ CERTIFICATION

Exams On Request Host Information Form

Date of Request: _____/_____/_____

Name:_____

Address:_____

_____

Employer:_____

Position/Title:_____

Phone Number:_____ Fax Number: _____

Email Address:_____

Requested Exam: ❑ CSCS ❑ NSCA-CPT ❑ Both

Preferred Test Date: ____/____/____ Alternate Test Date: ____/____/____

Please allow at least six months from the date of your request. Non-U.S. sites should allow nine months. When choosing a date, take into consideration that the registration deadline is 10 weeks prior to the exam date.

Preferred Test Site:_____

Please select a location for the exam. Provide us with the name and address of the building where you would like the exam given, contact names and phone numbers and the details of any advance arrangements that you may have made. If you are affiliated with a college or university, our testing service will make every effort to schedule the exams at your institution, however this is not possible in every case. Before confirming a site, the testing service must be able to guarantee the availability of suitable classroom space and obtain the services of a qualified test administrator. It is sometimes possible for you to provide the classroom space for the exam; however, the test administrator may not be connected to your department or involved in any way with either the classroom instruction or exam preparation of the candidates. This is to avoid any appearance of a conflict of interest. In order to facilitate the approval of your request, you are encouraged to contact your institution's testing or assessment center, if one exists, to inform them of your intention to request the exam and request their assistance. Most colleges and universities will have an office or at least, department, in part, dedicated to administering some or all of the exams on campus. Be sure to discuss the date you are requesting to verify that your date does not conflict with other previously scheduled functions such as final exams, major sporting events, graduation ceremonies, etc., which could affect their availability, restrict access or disrupt the exam. Please allow 30 – 45 days for approval.

Please provide the details of any advance arrangements you have made, including contact names, phone numbers and any other information about the proposed test site that may be helpful.

Please complete and return this form to the address below.

1885 Bob Johnson Drive • Colorado Springs, CO 80906

Phone +1 719-632-6722 *or* 800-815-6826 • Fax: +1 719-632-6367 • www.nsca-cc.org