CENTER FOR CREDENTIALING & EDUCATION™

Board Certified Coach Examination Reregistration

Last Name:

First Name: MI: ID#: B C C

Address:

City: State:

ZIP Code: –

Home Telephone: – – Work Telephone: – –

E-mail:

Date of Birth: – – (month / day / year) Male: Female:

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 have six months to test. You are also responsible for ensuring that you test before your BCC application closes.

To Reregister

- 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

If you did not request special accommodations with your BCC application, you may send requests to the following address for approval:

CCE/Attn: BCC Program Coordinator
3 Terrace Way, Greensboro, NC 27403

Send completed reregistration form and fee to:

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

Or fax to 336-482-2852.

Have you previously taken the BCC 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: _____