



PRACTICE EXAMINATION APPLICATION

Please fill out this application and mail it to: 1012 Cameron St., Alexandria, VA 22314. If paying by check, please enclose your check with the application. The information you provide on this application must be complete, current, and accurate. If questions are left unanswered your application will not be processed. You must read and sign the Disclosure Statement at the end of this application. Once your application and payment have been accepted and approved, you will receive an email from Applied Management Professionals with details on how to access the CASC Practice Exam. You will have 45 days to access and complete the Exam. Any questions regarding this Practice Exam or your status should be directed to BASC at 703.836.4871.

Do you plan to take the CASC Exam: Yes No (If yes, which administration do you think you will apply?)
 Spring 201 Fall 201 Unknown:

First Name: _____ Last Name: _____ SSN: XXX-XX-_____

Employer/Affiliation: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number: _____ Work Fax Number: _____

Email Address: _____ Alternate Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Home Fax Number: _____

Background: Providing the following information will be used for statistical purposes only and will in no way affect your test results:

Gender:	Years in ASC industry:	Primary Background & Experience:
<input type="checkbox"/> Male	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> Clinical
<input type="checkbox"/> Female	<input type="checkbox"/> 1 to 5 years	<input type="checkbox"/> Business
	<input type="checkbox"/> 5 to 10 years	
	<input type="checkbox"/> More than 10 years	

Payment: Please note that when you submit this form you are required to submit the \$250 practice test exam payment. Please indicate payment type:

VISA MasterCard American Express Check (Make payable to: BASC)

If payment is by credit card, please complete the following:

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Name as it appears on card: _____

My signature below authorizes BASC to charge my credit card the \$250 CASC practice examination fee.

Signature: _____ Date: _____

Disclosure: I certify that all information contained in my application is true and complete to the best of my knowledge. I further acknowledge my understanding that by taking the CASC Practice Exam in no way will be an indication that I will be eligible to take or will pass the CASC Certification Exam.

Signature: _____ Date: _____

Contact Information: For questions regarding your application, contact BASC via phone: 703.836.4871; via fax: 703.549.0976; via email: casc@aboutcasc.org, or at www.aboutcasc.org.