

# CERTIFICATION EXAMINATION FOR MYOFASCIAL TRIGGER POINT THERAPISTS

## *HANDBOOK FOR CANDIDATES*



### **2017 Testing Periods**

Application Deadline: December 1, 2016

Testing Begins: Saturday, January 7, 2017

Testing Ends: Saturday January 21, 2017

Application Deadline: June 1, 2016

Testing Begins: Saturday, July 8, 2017

Testing Ends: Saturday July 22, 2017



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This handbook contains necessary information about the Certification Examination for Myofascial Trigger Point Therapists. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.

For questions regarding certification or recertification, contact:  
Professional Testing Corporation (PTC)  
Phone (212) 356-0660  
Fax (212) 356-0678  
[www.ptcny.com](http://www.ptcny.com)

## CERTIFICATION

The Certification Board for Myofascial Trigger Point Therapists (CBMTPT) endorses the concept of voluntary, periodic certification by examination for all myofascial trigger point therapists. Certification is one part of a process called credentialing. It focuses specifically on the individual and is an indication of current competence in a specialized area of practice. Board certification in myofascial trigger point therapy is highly valued and provides formal recognition of basic myofascial trigger point therapy knowledge.

## PURPOSES OF CERTIFICATION

TO PROMOTE DELIVERY OF SAFE AND EFFECTIVE CARE IN MYOFASCIAL TRIGGER POINT THERAPY PRACTICE THROUGH THE CERTIFICATION OF QUALIFIED MYOFASCIAL TRIGGER POINT THERAPISTS BY:

1. Recognizing formally those individuals who meet the eligibility requirements of the Certification Board for Myofascial Trigger Point Therapists and pass the Certification Examination for Myofascial Trigger Point Therapists.
2. Encouraging continued personal and professional growth in the practice of myofascial trigger point therapy.
3. Establishing and measuring the level of knowledge required for certification in myofascial trigger point therapy.
4. Providing a standard of knowledge requisite for certification; thereby assisting the employer, public, and members of the health professions in the assessment of myofascial trigger point therapists.

## ELIGIBILITY REQUIREMENTS

In order to be deemed eligible to sit for the Certification Examination for Myofascial Trigger Point Therapists, the candidate must meet one of the following eligibility requirements as of the application deadline:

A graduate of a 500 hour myofascial trigger point therapy program in the US, or the equivalent in other countries **(A copy of diploma must accompany Application)** OR

A graduate of a 500 hour massage program **(A copy of diploma must accompany Application)** OR

A licensed Allied Health Care Professional **(Copy of current registration, certification, or license must accompany Application)**

Note: Almost every state now has Licensure for Massage Therapists. This qualifies Allied Health Care Professionals to sit for the examination. However, training in a trigger point therapy education program would greatly help success in deepening knowledge in this field.

The candidate must also complete and send in an Application for the Certification Examination for Myofascial Trigger Point Therapists and pay the required fee.

## EXAMINATION ADMINISTRATION

The Certification Examination for Myofascial Trigger Point Therapists is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: <http://www.ptcny.com/cbt/sites.htm> or call PSI at (800) 733-9267. Please note: Hours and days of availability vary at different centers. ***You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.***

## ONLINE TESTING SOFTWARE TUTORIAL

A Testing Software Demo can be viewed online by visiting <http://www.ptcny.com/cbt/demo.htm>. This online Testing Software Demo can give you an idea about the features of the testing software.

## ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Eligible candidates who pass the Certification Examination for Myofascial Trigger Point Therapists are eligible to use the registered designation CMTPT after their names and will receive certificates from the CBMTPT. A registry of Certified Myofascial Trigger Point Therapists will be maintained by the CBMTPT and may be reported in its publications.

Certification is recognized for a period of five years at which time the candidate must retake and pass the current Certification Examination for Myofascial Trigger Point Therapists or meet such alternative requirements as are in effect at that time in order to retain certification.

## REVOCATION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

1. Falsification of an Application.
2. Misrepresentation of certification status.

The Appeals Committee of the CBMTPT provides the appeal mechanism for challenging revocation of Board Certification. It is the responsibility of the individual to initiate this process.

## COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

**CANDIDATE INFORMATION:** Starting at the top of the Application, print your name, address, daytime phone number, evening phone number, e-mail address, and choice of examination date in the appropriate row of empty boxes.

**ELIGIBILITY AND BACKGROUND INFORMATION:** All questions must be answered. Mark only one response unless otherwise indicated.

**SCHOOL/PROGRAM:** If applying under eligibility route number 1 - Question G - on the Application, indicate which school you successfully completed a program in myofascial trigger point therapy and the year of completion, using the code numbers below:

<b>SCHOOL</b>	<b>CODE NUMBER</b>
Academy for Myotherapy and Physical Fitness, Lenox, MA ..... [Only graduates prior to 1989]	11
Bonnie Prudden School , Lenox, MA ..... [Only graduates prior to 1984]	12
Shaw Myotherapy Institute, Springfield, VA ..... [Only graduates prior to March, 2003]	13
Institute of Medical Careers, Pittsburgh, PA.....	15
Myo Seminars, Chicago, IL.....	16
360 Seminars, Needham, MA .....	17
Myopain Seminars, Bethesda, MD .....	18
American Institute for Myofascial Studies (AIMS), Albuquerque, MN.....	19
Therapy Works, WA.....	20
Beyond Trigger Points, FL.....	21

**STATE LICENSE:** If you live in a state that requires a license to touch, please list your state license number and its expiration date. **Enclose copy of current license with this application.**

**OPTIONAL INFORMATION:** These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

**CANDIDATE SIGNATURE:** When you have completed all required information, sign and date the Application in the space provided.

Mail the Application with **a copy of your diploma and a copy of your state license**, if applicable and the appropriate fee (see FEES on page 4) in time to be received by the deadline shown on the cover of this Handbook to:

**CBMTPT EXAMINATION  
PROFESSIONAL TESTING CORPORATION  
1350 Broadway – 17<sup>th</sup> Floor  
New York, New York 10018**

## SPECIAL NEEDS

CBMTPT and PTC support the intent of and complies with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered by the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from [www.ptcny.com](http://www.ptcny.com) or by calling PTC at (212) 356-0660. This form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Information supplied on the Request for Special Accommodations form will only be used to determine the need for special accommodations and will be kept confidential

## SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your Application has been received and processed, your eligibility will be verified. Within 6 weeks prior to the first day of the testing window, you will be sent a Scheduling Authorization via email. A candidate not receiving a Scheduling Authorization at least three weeks before the beginning of the testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660. **Your current government-issued photo identification such as a driver's license or passport must be presented in order to gain admission to the testing center. PTC suggests candidates bring a paper copy of their Scheduling Authorization and their PSI appointment confirmation to the examination as well.**

The Scheduling Authorization will indicate where how to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

After you make your test appointment, PSI will send you a confirmation email with the date, time and location of your examination. Please check this information carefully for the correct date, time and location. Contact PSI at (800) 733-9267 if you do not receive this email or if there is a mistake with your appointment.

- **It is the candidate's responsibility to call PSI to schedule the exam appointment.**
- **It is highly recommended that each candidate become familiar with the testing site.**
- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

## CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period you must contact PSI at (800) 733-9267 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment. **PSI does not have the authority to authorize refunds or transfers to another testing period.**

If you fail to arrive for your appointment or cancel without giving the required notice, you will forfeit your testing fee.

## RULES FOR THE EXAMINATION

1. You must present your current, government issued photo ID (such as a driver's license or passport) at the time of your scheduled appointment. Candidates without valid ID will NOT be permitted to test.
2. All electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; all wearable technology such as smart watches; MP3 players such as iPods, pagers, cameras and voice recorders are not permitted to be used and cannot be taken into the examination room.
3. No papers or books may be brought into or taken out of the testing room.
4. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones, etc. A calculator is also available on screen if needed.
5. No questions concerning content of the examination may be asked during the testing period. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
6. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.

## FEES

Application fee for the Certification Examination for Myofascial Trigger Point Therapists ..... \$325.00

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**PROFESSIONAL TESTING CORPORATION**

Visa, MasterCard, and American Express are also accepted. Please complete and sign the credit card payment form on the application.

## REFUNDS

**There will be no refund of fees. Fees will not be transferred from one testing period to another.**

## REPORT OF RESULTS

Candidates will be notified in writing within four weeks after the testing period has ended whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported. Successful candidates will also receive certificates from the CBMTPT.

## REEXAMINATION

The Certification Examination for Myofascial Trigger Point Therapists may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

## CONFIDENTIALITY

1. The CBMTPT will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to CBMTPT in care of the Professional Testing Corporation.

## CONTENT OF EXAMINATION

The Certification Examination for Myofascial Trigger Point Therapists is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.

The content for the examination is described in the Content Outline starting on page 6.

The questions for the examination are obtained from individuals with expertise in myofascial trigger point therapy and are reviewed for construction, accuracy, and appropriateness by the CBMTPT.

The CBMTPT, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

The Certification Examination for Myofascial Trigger Point Therapists will be weighted in approximately the following manner:

I. Myofascial Anatomy and Physiology .....	25%
II. Myofascial Pathophysiology .....	12%
III. Patient History and Evaluation .....	30%
IV. Therapeutic Techniques and Interventions .....	25%
V. Professional Conduct .....	8%

## CONTENT OUTLINE

### I. MYOFASCIAL ANATOMY AND PHYSIOLOGY

- A. Muscles
  - 1. Anatomy and Physiology
    - a. Attachment and Function
    - b. Biochemistry
    - c. Muscle Fiber Arrangement
    - d. Current Concepts
- B. Fascia
  - 1. Fascial and Connective Tissue Function
- C. Myofascial Neurology
  - 1. Reflex Mechanisms
  - 2. Proprioception

### II. MYOFASCIAL PATHOPHYSIOLOGY

- A. Fundamental Principles of Pain
- B. Trigger Point Formation Theories
- C. Trigger Point Anatomy, Physiology, and Pathophysiology
  - 1. Trigger Point Referral Patterns
  - 2. Precipitating Factors
    - a. Direct Trauma
    - b. Repetitive Action
    - c. Acute Overload
    - d. Chilling
    - e. Other
  - 3. Perpetuating Factors
    - a. Nutritional
    - b. Psychological
    - c. Systemic
    - d. Mechanical

### III. PATIENT HISTORY AND EVALUATION

- A. Patient History and Intake
  - 1. Medical History
  - 2. Chief Complaint
    - a. Onset
    - b. Symptoms
    - c. Characteristics
    - d. Pain Mapping
  - 3. Patient Lifestyle
- B. Patient Examination
  - 1. Assessment
    - a. Palpation
    - b. Posture
    - c. Gait
    - d. Other
  - 2. Tests
    - a. Muscle
    - b. Neurological
    - c. Orthopedic



#### **IV. THERAPEUTIC TECHNIQUES AND INTERVENTIONS**

- A. Clinical Reasoning and Treatment Planning
- B. Techniques
  - 1. Manual TrP Release
  - 2. Spray and Stretch
  - 3. Stretching Techniques
  - 4. Contraindications
  - 5. Other
- C. Corrective Actions
  - 1. Perpetuating Factors
  - 2. Functional Rehabilitation
  - 3. Other
- D. Post-Treatment Assessment
  - 1. Patient's Report
  - 2. Patient Re-examination
    - a. Palpation
    - b. ROM
    - c. Strength
    - d. Other
  - 3. Appropriate Referrals

#### **V. PROFESSIONAL CONDUCT**

- A. Patient Documentation, Records and Confidentiality
- B. Communication
  - 1. Patient
  - 2. Physician
  - 3. Other Allied Health Care Professionals
  - 4. Other
- C. Hygiene
  - 1. Patient
  - 2. Practitioner
  - 3. Office
- D. Ethics

## SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

- 
1. When writing a report to the physician, which of the following is an important fact to state?
1. The muscles worked upon
  2. Color of the client's eyes
  3. Every trigger point that was located
  4. Changes noted in the client's complaint
- 
2. Trigger points are best palpated by
1. snapping palpation.
  2. rubbing the pain region.
  3. circular strokes of the palm.
  4. stroking upwards along the long axis of the muscle fibers.
- 
3. Which of the following activities would most likely interfere with initial myofascial trigger point therapy treatments?
1. Stretching
  2. Daily activity
  3. Lifting weights
  4. Aerobic exercise
- 
4. Spray and stretch is most effective when the
1. spray impacts the skin at 90 degrees.
  2. spray is applied only over the area of pain.
  3. bottle is held less than 12 inches away from the treatment surface.
  4. spray is directed from the trigger point to the referred pain zone.
- 
5. Which of the following agents is associated with inflammation and is likely to add to the hyperirritability of trigger points?
1. Dopamine
  2. Endorphin
  3. Prostaglandin
  4. Acetylcholine
- 
6. Which of the following is a CONTRAINDICATION for ischemic compression?
1. Hypoglycemia
  2. Viral infection
  3. Compound fracture
  4. Raynaud's syndrome
- 
7. If the trigger points in the scalenes are active and referring down into the hands, which of the following digits would be painful?
1. Index and thumb
  2. Middle and 4<sup>th</sup> fingers
  3. 4<sup>th</sup> and 5<sup>th</sup> fingers
  4. Index and middle fingers

**ANSWERS TO SAMPLE QUESTIONS**

1.4, 2.1, 3.3, 4.4, 5.3, 6.3, 7.1

## REFERENCES

**The following may be of some help in preparing for the examination. The list does not attempt to include all acceptable references, nor is it suggested that questions in the Certification Examination for Myofascial Trigger Point Therapists are based solely on these references.**

Benjamin, B. and Sohnen-Moe, C. The Ethics of Touch. Sohnen-Moe Assoc., Inc. Tucson, AZ, 2003.

Biel, A. Trail Guide to the Body, 2nd Edition. Books by Discovery. Boulder, CO, 2001.

Bogduk, N. Clinical Anatomy of the Lumbar Spine and Sacrum. Churchill Livingstone. Edinburgh, 1997.

Calais-Germain, B. Anatomy of Movement. Eastland Press. Seattle, WA, 1993.

Chaitow, L. and DeLaney, J. Clinical Application of Neuromuscular Techniques, Volume 1, Upper Body. Churchill Livingstone. Edinburgh, 2000.

Chaitow, L. and DeLaney, J. Clinical Application of Neuromuscular Techniques, Volume 2, Lower Body. Churchill Livingstone. Edinburgh, 2002.

Dommerholt, J. & Huijbregts, P. Myofascial Trigger Points. Jones and Bartlett Publishers, Sudbury, MA, 2011.

Finn, R. and Shifflet, C. Range of Motion Testing Charts: Part 1 and Part 2. Round Earth Publishing. Pittsburgh, PA, 2003.

Fuller, G. Neurological Examination Made Easy, 2nd Edition. Churchill Livingstone. Edinburgh, 1999.

Kendall, F., Provance, P., McCreary, E. Muscles: Testing and Function with Posture and Pain, 4th Edition. Lippincott, Williams and Wilkins. Baltimore, MD, 1993.

Koustopolus, D. and Rizopoulos, K. The Manual of Trigger Point and Myofascial Therapy. Slack Inc. Thorfare, NJ, 2001.

Lewitt, K. Manipulative Therapy in Rehabilitation of the Locomotor System. Butterworths. London, 1985.

Mense, S. and Gerwin, R.D. (ed). Muscle Pain: Diagnosis and Treatment. Springer, London/NY, 2010.

Mense, S. and Gerwin, R.D. (ed). Muscle Pain: Understanding The Mechanisms. Springer, London/NY, 2010.

Mense, S. and Simons, D. Muscle Pain: Understanding Its Nature, Diagnosis and Treatment. Lippincott, Williams and Wilkins. Philadelphia, PA, 2001.

Myers, T. Anatomy Trains: Myofascial Meridians for Manuals and Movement Therapists, 2nd Edition. Churchill Livingstone. Edinburgh, 2002.

Muscolino, J. The Muscular System Manual: The Skeletal Muscles of the Human Body. JEM Publications. Redding, CT, 2002.

Simons, D., Travell, J., Simons, Lois, S. Myofascial Pain and Dysfunction: The Trigger Point Manual, Volume 1, Upper Body, 2nd Edition. Williams and Wilkins. Baltimore, MD, 1999.

Travell, J. and Simons, D. Myofascial Pain and Dysfunction: The Trigger Point Manual, Volume 1, The Lower Extremities. Williams and Wilkins. Baltimore, MD, 1983.

Travell, J. and Simons, D. Myofascial Pain and Dysfunction: The Trigger Point Manual, Volume 2, The Lower Extremities. Williams and Wilkins. Baltimore, MD, 1992.

Vizniak, N.A. Quick Reference Clinical Consultant Muscle Manual. Professional Health Systems Inc., 2008.

Werner, R. Massage Therapists Guide to Pathology, 2nd Edition. Lippincott, Williams and Wilkins. Philadelphia, PA, 2002.

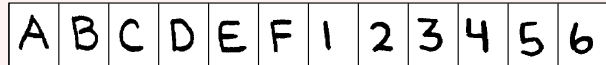
PTC16090



# Application for Certification Examination for Myofascial Trigger Point Therapists

Please read the directions in the Handbook for Candidates carefully before completing this Application.

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.



## Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_

Home Address - Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Testing Period:**  Summer  Winter

## Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

### A. PERCENT OF WORKING TIME CURRENTLY SPENT IN MYOFASCIAL TRIGGER POINT THERAPY:

- Less than 25%     51% to 75%
- 25 to 50%       More than 75%

### B. EXPERIENCE IN MYOFASCIAL TRIGGER POINT THERAPY:

- Less than 2 years     6 to 10 years
- 2 years               More than 10 years
- 3 to 5 years

### C. PRIMARY PRACTICE SETTING: (Darken only one response.)

- Self-employed       Group Practice
- Hospital/Clinic     Other

### D. MYOFASCIAL TRIGGER POINT THERAPY TRAINING: (Darken all that apply.)

- Less than one year program
- 1 or 2 year myofascial therapy school program
- Workshops or seminars
- On-the-job training
- Other

### E. HIGHEST ACADEMIC LEVEL ATTAINED:

- High School Diploma or equivalent     Bachelor's Degree
- Some College                               Master's Degree
- Associate Degree                           PhD
- Diploma in Nursing                       Other

### F. ARE YOU A MEMBER OF NAMTPT?

- No     Yes

NOTE: Membership is not required.

### G. ELIGIBILITY ROUTE:

- Route 1 Graduate of 500 hour myofascial trigger point therapy program. Indicate school code below (see Handbook for Candidates) and year of completion.

School/Program Code \_\_\_\_\_ Year of Completion \_\_\_\_\_

- Route 2 Graduate of a 500 hour massage program.
- Route 3 A licensed Allied Health Care Professional.

(Complete Page 2)





# Application for Certification Examination for Myofascial Trigger Point Therapists

## Eligibility and Background Information

### H. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

No  Yes *If yes, indicate month, year, and name under which the examination was taken.*

Date (month/year): \_\_\_\_\_

Name: \_\_\_\_\_

### I. ARE YOU CURRENTLY CERTIFIED IN MYOFASCIAL TRIGGER POINT THERAPY BY THE CBMTPT?

No  Yes *If yes, indicate month/year of expiration.*

Date (month/year): \_\_\_\_\_

### J. IF YOU LIVE IN A STATE THAT REQUIRES A LICENSE TO PRACTICE IN YOUR PROFESSION, PLEASE LIST YOUR PROFESSION, STATE, LICENSE NUMBER, AND ITS EXPIRATION DATE BELOW:

#### Profession License Type:

DC  DDS  LAc  LMT

MD/DO  PT/OT  RN/LPN

State/Province:

License Number:

License Expiration Date (month/year):

**ENCLOSE COPY OF CURRENT LICENSE WITH THIS APPLICATION**

## Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

#### Race:

African American  Native American  
 Asian  White  
 Hispanic  Other

#### Age Range:

Under 25  40 to 49  
 25 to 29  50 to 59  
 30 to 39  60+

#### Gender:

Male  
 Female

## Candidate Signature

### COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_

Charge my credit card for the total fee of: \$

Expiration date (month/year):

Card type:  Visa  MasterCard  American Express

Card Number:

SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date 0630

Date

Fee:

CC  Check

