



## Rescheduling Form - Written Component

Candidate Name	<i>Last</i>	<i>First</i>
Client ID		
I am registered for the exam on	Current Exam Date	
I want to change my exam date to	New Exam Date	

### Rescheduling: STEP BY STEP

#### Rescheduling Within the Same Calendar Year

1. Complete the Written Component – Rescheduling Form, authorizing the appropriate reschedule amount (see rescheduling chart below for fee structure).
2. Email the completed form to [exams@alliancept.org](mailto:exams@alliancept.org) (*Subject: Reschedule Request*)
  - a. *Note: if you are registered for an exam that takes place on a Monday, you can reschedule up until the last calendar day (i.e. Sunday).*
3. Once you receive an updated Registration Notice, you will be eligible to schedule a seat in your new confirmed exam date.

#### Rescheduling to the Next Calendar Year

1. Complete the Written Component – Rescheduling Form, authorizing the appropriate reschedule amount (see rescheduling chart below for fee structure) + the difference between the exam fee for the year that you are registered in and the fee for the year that you want to reschedule into.
2. Follow steps 2 and 3 above.

#### **IMPORTANT:**

- You cannot reschedule into an exam if the application deadline has passed.
- Changing your exam date may affect your application for a license to practice. Contact your provincial or territorial regulator for more information.

Fees for Rescheduling the Written Component			
	22 or more days prior to the exam date	3 to 21 days prior to the exam date	Less than 3 days prior to the exam date
<b>Reschedule (Date or Site):</b>	\$137.00	\$205.00	\$683.00



## Credit Card Authorization Form

**Client details:**

<b>Client ID:</b>	
<b>Full name:</b>	
<b>Signature:</b>	

**Payment details:**

I authorize the Canadian Alliance of Physiotherapy Regulators to charge my credit card in accordance with the below information. *Note: Debit cards are not accepted.*

<b>Amount (\$CAD):</b>	
<b>Payment Method:</b>	
<b>Name on card (print):</b>	
<b>Card number:</b>	
<b>Expiration Date:</b>	<i>Month:</i>
	<i>Year:</i>
<b>CVC (Card Verification Code)</b>	
<b>Billing address:</b>	<i>Address Line 1:</i>
	<i>Address Line 2:</i>
	<i>Address Line 3:</i>
	<i>City:</i>
	<i>Province/State:</i>
	<i>Postal Code:</i>
	<i>Country:</i>
<b>Cardholder's Signature:</b>	
<b>Department:</b>	
<b>Reason for payment:</b>	
<b>Date:</b>	

Forms sent by email **MUST** be submitted in a single document in .pdf format. Forms submitted in any other format **WILL NOT** be accepted.

If you are unable to adhere to this requirement, your form(s) should be mailed to the CAPR office at the address listed [here](#).