

NABCEP ASSOCIATE REGISTERED PROVIDER
EXAM ADMINISTRATION
TERMS OF AGREEMENT

The information provided in this application is true and correct to the best of my knowledge.

As an authorized representative of the organization identified below, I represent and agree to the following terms and conditions related to the NABCEP Associate Provider Program:

- I have read and understood the **NABCEP Associate Registered Provider Information Packet** and agree to abide by all policies and requirements therein, and all other applicable NABCEP policies.
- I understand that registration of the organization to participate in this Associate Exam Program cannot be transferred to another party. The organization will conduct all activities related to the NABCEP Associate Exam Program consistent with applicable laws, including the Americans with Disabilities Act and Title VII of the Civil Rights Act.¹ The organization will maintain the security of the examination and confidentiality of the test items. I am aware that NABCEP has the exclusive rights to make changes to the Provider participation criteria, including the policies contained in the Application; and, to revoke Provider status at any time if the Provider is non-compliant with any of the policies established by NABCEP.
- I understand that NABCEP does not provide, offer, administer or approve courses or training, and no third party, including registered NABCEP Associate Providers, may in any way represent themselves or their programs as approved, endorsed or supported by NABCEP. Instead, NABCEP Providers are **registered providers with authority to administer a NABCEP Associate Exam in Paper and Pencil format, and to register conforming candidates to take a NABCEP Associate Exam in CBT format.**
- I understand and agree that logos, trademarks and registered names of NABCEP may not be used in any way without prior permission from NABCEP.
- I agree that as a registered NABCEP Associate Provider the organization is responsible for ensuring that the use of the NABCEP name, logos and other references are accurate, truthful, complete and in compliance with all NABCEP policies.
- I understand that the NABCEP Associate Exam is intended to test basic knowledge and that the Associate Program is not equivalent to NABCEP Professional Certifications. I understand that passing the Exam does not represent any permission or license to work in any field or position. I further understand that receiving a passing score on a NABCEP Associate Exam does not provide any guarantee of employment and as a registered NABCEP Associate Provider, the organization is prohibited from making any such claims concerning this NABCEP Program.

NAME (PRINT): _____

TITLE: _____

SIGNATURE: _____ DATE: _____

ORGANIZATION: _____

¹ If outside the U.S., I agree to abide by all applicable laws governing persons with disabilities and all applicable laws governing Civil Liberties