

RULES AND PROCEDURES

Certified Addiction Specialist (CAS) Examination

APPLICANT NAME: _____ Date: _____

I would like to schedule the following time to sit for the CAS online/proctored exam:

Day/Date: _____ Time: _____ (CST)

Please sign this form and return it to the American Academy of Health Care Providers in the Addictive Disorders via fax 218-722-0346, or email: shursh@americanacademy.org . You will be contacted with instructions for accessing the examination online.

1. The examination consists of approximately 170 multiple choice questions.
2. You are allowed 3 hours to complete the examination. There are no breaks during the administration of the exam.
3. You are to take this exam alone with only the proctor present. You may not ask questions or get help from anyone else during the examination process.
4. No books, notebooks, reference guides, web sites, cell phones, or other written, printed, electronic material, or other electronics may be in the room during the administration of the exam.
5. The examination program will keep track of your time. If you exceed the 3 hour time limit, a message will appear on your screen alerting you that the exam program is closing and your answers are being submitted to the Academy.
6. For each question, click on the circle that corresponds to the response you select. Responses can be changed by simply clicking on a different answer. Click **NEXT** when you are satisfied with your answer.
NOTE: After clicking NEXT you will not be allowed to return to previous questions.
7. If you experience any technical difficulties, the proctor should call the Academy on your behalf at 218-727-3940, or email support@americanacademy.org .
8. Once you have completed the exam, click **FINISH**. Your answers will be submitted automatically to the Academy for scoring. Notification of the results will be within two weeks.
9. The exam must be proctored. *Proctor Confidentiality Statement* must be completed and returned with the *Applicant's Confidentiality Statement*. **The Proctor will be emailed the confidential, password protected Proctor Manual.**

Applicant Confidentiality Statement

I, _____, hereby agree that during the course of the examination, I will not receive any form of assistance. I realize that violation of this rule will invalidate the results of this exam and I will be ineligible to receive the CAS certification.

I, _____, further agree to hold in confidence all questions on the American Academy of Health Care Providers in the Addictive Disorders **Certified Addictions Specialist** Examination. In doing so, I agree that I will not reveal the content or substance of the examination to anyone, nor record or reproduce any aspect of it. I do recognize that violation of this agreement will have serious consequences including revocation of the certification and possible prosecution. I further recognize that those violating this agreement will be liable for all damages that follow from this breach.

Signed: _____ Date: _____