



Candidate: Please complete this form and email to Jeanette Myers at jmyers@bcctpc.org

Name: _____

Program Affiliation: _____

Job Title: _____ SMTA Grad Year: _____

Best Mailing Address: _____

Telephone: _____ Email: _____

Requested exam site: _____

MTSP-C EXAM FEE: \$175

PAYMENT:

VISA/MC

Card # _____

Name on Card _____

Exp. Date: _____ CVV _____