



Application for Re-testing

This form is for participants of the Tobacco Treatment Specialist Certification program who completed the entire course, but failed to achieve a passing score on one or more parts of the exam.

Original Course Dates (Month DD, YYYY)		Location of Course	
Applicant Name (First, Middle, Last)			
Address			
City		State	ZIP Code
Daytime Phone		E-mail	
Supervisor Name (or other proctor)			
Supervisor (Proctor) Daytime Phone		Supervisor (Proctor) E-mail	

Which component(s) of the test are you requesting to re-take?

Please check all that apply:

- Multiple Choice
- Case Study

A processing fee of \$100.00 will be charged to each individual who requests to re-take any or all components of the certification exam.

Payment preference

- Credit card payment - Online; mail retest application form to address below:
- Check - Mail check along with your retest application form to address below:

Mayo Clinic

Nicotine Education Program
Colonial Building 3-10
200 First Street SW
Rochester, MN 55905