



IC&RC EXAM ADMINISTRATION GRIEVANCE PROCESS

Examination Grievances:

Candidates who believe an unusual event or condition related to the administration of their examination caused a significant adverse effect on their performance during their examination may submit a grievance regarding the exam administration to IC&RC for investigation.

Grievances must be submitted to IC&RC within **14 calendar days** of the examination. Grievance statements must be submitted in writing, dated, and signed. Grievance statements must be accompanied by the **IC&RC Exam Administration Grievance Form** found below. Information to include in the grievance statement should include, but is not limited to:

- Title of exam
- Examination date
- Name and location of testing center
- Name of proctor on duty (if known)
- Detailed explanation of the situation
- Impact the situation had on exam performance

IC&RC will then investigate the specifics of the testing situation. When warranted, candidates will be offered a free retake. An exam grievance will not challenge the design or content of an examination nor overturn a failing score. There is a fee for this service. Candidates that are offered free retakes will be refunded their grievance fee.

Return grievance statements and forms to IC&RC.

Mail:

IC&RC
298 S. Progress Ave.
Harrisburg, PA 17109

Fax:

+1(717)773-4483

Email:

info@internationalcredentialing.org

IC&RC EXAM ADMINISTRATION GRIEVANCE FORM

Complete this form and return it to IC&RC with a grievance statement as described above at:

Mail: IC&RC
298 S. Progress Ave.
Harrisburg, PA 17109

Fax: +1(717)773-4483
Email: info@internationalcredentialing.org

Fee: \$60.00 Payable to IC&RC by Check, Money Order, Visa or MasterCard

Please allow 3-4 weeks for processing. When warranted, candidates will be offered a free retake for their next examination and the Grievance Fee will be refunded.

Requests for Exam Administration Grievance must be submitted to the IC&RC Office no later than **14 calendar days** after your examination administration.

Name (print): _____ **Date of Exam:** _____

Address: _____

City/Providence, State/Country, Zip: _____

Email: _____ **Phone:** _____

Name of IC&RC Member Board: _____

Name and location of testing center: _____

Name of proctor on duty (if known): _____

- Exam:** Counselor Advanced Counselor Clinical Supervisor Prevention Specialist
 Criminal Justice Co-Occurring Disorders Co-Occurring Disorders Diplomate Peer Recovery

For Credit Card Users: Master Card Visa

Name

Account Number + 3 digit security code

Billing address if different from above)

Expiration Date (MM/YY)

City State Zip

Signature