



## EMERGENCY EXAM CANCELLATION REQUEST

IDFX | IDPX | PRAC

Emergency Exam Cancellation Request(s) must be received by CIDQ on this form no later than ten (10) days after the applicable scheduled exam(s). Emergency Exam Cancellation Requests require verifiable documentation of emergency, and are reviewed prior to approval or denial. When cancellations are processed, original exam fee(s) minus the cancellation fee(s) will be refunded in the manner paid. CIDQ respects our candidates' privacy and will protect confidential information. To review CIDQ's full privacy policy, go to <https://www.cidq.org/terms-policy>.

EMAIL COMPLETED FORM TO: [inquiries@cidq.org](mailto:inquiries@cidq.org)

### CONTACT INFORMATION

NAME \_\_\_\_\_

NCIDQ EXAM CONTROL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST/PROV \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### LOCATION CANCELLATION

☐ IDFX Prometric Test Center Location: \_\_\_\_\_ Exam Date: \_\_\_\_\_

☐ IDPX Prometric Test Center Location: \_\_\_\_\_ Exam Date: \_\_\_\_\_

☐ PRAC Prometric Test Center Location: \_\_\_\_\_ Exam Date: \_\_\_\_\_

AGREEMENT: By signing below, I indicate that I wish to cancel my scheduled NCIDQ Exam(s), that I understand CIDQ's Cancellation and Refund Policy, and that I accept CIDQ's determination of my request. I understand that I must reschedule and pay all applicable exams fees for any exam section I elect to take in any future exam period, and that CIDQ will not automatically schedule me for any future exam period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### STAFF USE ONLY

EXAM FEE(S) PAID	+\$ _____	<input type="checkbox"/> REFUND APPROVED BY: _____
CANCELLATION FEE(S) @ - \$ 150.00 per exam	-\$ _____	<input type="checkbox"/> REFUND DENIED BY: _____
TOTAL REFUND DUE	\$ _____	DATE: _____