

# APPLICATION: Ethics and Boundaries Examination

**1. Applicant Information:**

To request test accommodations, check box and submit all required forms.

<i>Last name (your legal name)</i>	<i>First name (no nicknames)</i>	<i>Middle name</i>	<i>Suffix</i>
<i>Current mailing address (street address, include apartment #)</i>		<i>Birth date (month/day/year)</i>	<i>Telephone (with area code)</i>
<i>Address line 2</i>		<i>E-mail address</i>	
<i>City</i>	<i>State</i>	<i>Postal code</i>	<i>Country</i>
			<i>Profession</i>
<i>SSN (last 4 digits)</i>	<i>Licensing Board/Educational Institution/Malpractice Insurance Carrier</i>		<i>Authorizing State</i>

**2. Fees:** Enclose with application, payable to EBAS in U.S. guaranteed funds (cashier’s check, money order or certified check). EBAS does not accept personal checks nor business checks. If you wish to pay by credit card, submit your application electronically.

	First Time	Retake	Examination Fee	Fees Due
<b>E&amp;B – Full</b>			<b>\$1,500</b>	
<b>E&amp;B – Partial Retake</b>	Number of essays: Indicate 1 or 2	<b>X</b>	<b>\$300</b>	
<b>TOTAL EXAMINATION FEES DUE:</b>				

**3. E&B examination is requested/required for the following:**

Disciplinary action	Revocation/ suspension	License lapse	Reciprocity/ endorsement	Other
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**4.** “I understand that I can be disqualified or permanently prohibited from taking or continuing to take an examination, and my scores on an examination may be withheld, revoked or invalidated, if the Ethics and Boundaries Assessment Services, LLC (EBAS) or the examination administrator concludes that: 1) I have provided any false or misleading information on my application. 2) I take an examination for another person or another person takes an examination in my place. 3) I have given or received aid in the examination as evidenced by observation or statistical analyses of answer sheets. 4) I engage in any act or conduct that jeopardized or could jeopardize the security or integrity of the EBAS examinations; such action or conduct may include, but is not limited to, copying or reproducing any portion of the examination, or memorizing questions and/or answers and furnish those memorized questions and/or answers to any other person at that time. 5) I fail to adhere to instructions given at the examination administration. 6) I engage in any behavior that is deemed to be disruptive, offensive, or inappropriate in any way to the testing environment.

I acknowledge that any failure to adhere to instructions given at the examination site, or any conduct or communication during an examination by which any attempt to refer to books, notes, or other devices during the examination, or to obtain information from another person or give information to another examinee, thereby placing myself or any other examinee at an advantage he or she otherwise would not have had, shall constitute irregular behavior. All examination materials are the property of the EBAS and must be left in the room at the end of the examination. The EBAS reserves the right to invalidate and not report examination scores or to require all examinees to retake the examination if presented with sufficient evidence, either direct or through statistical analyses, that the integrity of the examination has been compromised, notwithstanding the absence of any evidence of an examinee’s personal involvement in irregular behavior.”

This application and the examination shall be deemed to have been made and accepted in Colorado where the Ethics and Boundaries Assessment Services, LLC (EBAS) principal place of business is located. The application and examination shall be interpreted, and all transactions thereunder and all rights and liabilities of the parties thereto, shall be determined and governed as to validity, interpretation, enforcement and effect by the laws of the State of Colorado. The United States District court for the District of Colorado and the District Courts for the State of Colorado shall have exclusive jurisdiction over all actions and proceedings arising directly or indirectly from this application and examination hereby consents to the jurisdiction of these courts.

**ELECTRONIC AUTHORIZATION/AFFIRMATION STATEMENT:**

I certify that I have reviewed the above and the information provided on this form is true and correct to the best of my knowledge. By my signature (either electronically, or by hand), I grant my permission for the EBAS to send my test scores to the state/agency that requested/required me to take the Ethics and Boundaries Examination.

**Applicant’s signature X**

**Date**

<b>For office use only</b>	Locator	CC Authorization
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