



Emergency Withdrawal Request Form

Candidates may submit an emergency withdrawal request, if an emergency (serious illness, injury or unexpected hospitalization, a death in the immediate family, a serious accident, or a court appearance) occurs on the day of the exam appointment.

Please submit this form along with official documentation of the emergency (e.g., hospital documents, police report, obituary). **Emergency withdrawal requests must be received by PTCB no later than 48 hours after the last day of the candidate's authorization period.**

Candidate Information
Full name: _____
PTCB Account ID: _____

Exam Information
Exam Name: _____
Scheduled Appointment Exam Date: _____
Scheduled Appointment Time: _____

Emergency Withdrawal Information	
Date of Emergency: _____	
Emergency Reason (select one):	
<input type="checkbox"/> Accident, Hospitalization, Illness, or Injury	<input type="checkbox"/> Inclement Weather
<input type="checkbox"/> Court Appearance	<input type="checkbox"/> Lost or Stolen Identification
<input type="checkbox"/> Death in the Family	<input type="checkbox"/> Traffic Incident
<input type="checkbox"/> Other (please describe): _____	

If my request is granted, I wish to:

- ☐ Reschedule my exam
- ☐ Receive a refund* and reapply at a later date

**Note: Sponsored candidates will not receive a refund. Refunds will be processed in full to the original form of payment within 15 business days.*

Attestation and Signature

I attest and verify that the information provided in this form is true and that I have provided supporting documentation for my Emergency Withdrawal request.

Signature of Candidate: _____ Date: ____/____/____

Submission Instructions

Submit your Emergency Withdrawal Form by email (contact@ptcb.org) or fax (202-888-1699).