



INTERNATIONAL  
ECONOMIC DEVELOPMENT  
COUNCIL

## CEcD Examination Retake Application

**Date and Location of Exam:** \_\_\_\_\_

*(applications must be at the IEDC office 60 days before exam date)*

**Please indicate which component(s) you will be retaking:**

\_\_\_\_\_ Multiple Choice      \_\_\_\_\_ Essay      \_\_\_\_\_ Oral

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

**The retake fee must accompany this application. Please indicate method of payment:**



Member Rate  
\$150.00



Non-member Rate  
\$200.00

\_\_\_\_\_ Check enclosed (**Payable to IEDC Certification Program**)

\_\_\_\_\_ Credit Card: Please circle (**Visa    MasterCard    American Express**)

Credit card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**CONFIRMATION:** Your application will be acknowledged by e-mail. Examination details and other essential information will follow and be available at least 4 weeks before the exam. If you are registered for an examination and you are a "**NO SHOW**," your examination fee will be forfeited and you will have to reapply to sit at a later date and pay the exam fee again. There are no refunds or credits for payment.

**MAILING YOUR EXAMINATION RETAKE APPLICATION:** Your retake examination application is not complete until your fees are paid in full. Send both your application and your examination fee to: **Certification Director, IEDC, 734 15<sup>th</sup> Street, NW, Suite 900, Washington, DC 20005.**