



National Center for Competency Testing

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Office Hours: M-F 7:30am - 7:00pm CST
Saturday 9:00am - 3:00pm CST

TE-0222

Exam Comment Form

NCCT USE ONLY

Date Received ____ / ____ / ____

Date Responded _____

Name of Examinee _____ User ID # _____

Your Test Site _____ Test Date _____

Which certification exam did you take? _____

Test Item Challenge: If you believe that there was a test question with a serious problem (e.g., no correct answer, more than one right answer), please provide us with the question number and explain why you believe it should be reviewed. Test questions should not be challenged because you believe they are too hard, irrelevant or your program did not cover the content. NCCT will only communicate the disposition of candidate challenges if they affect the candidate's performance and are upheld. NCCT will contact candidates about other comments, as appropriate.

Other Comments: Make any other comments you would like about the examination, administration, test facility, proctor, or NCCT here.

Your Signature _____ Your email address _____