



National Kitchen & Bath Association
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 Hackettstown, NJ 07840
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 Fax (908) 352-1695

STUDENT EXAM REGISTRATION FORM FOR AKBD CERTIFICATION

Candidate: You MUST complete this section in its entirety or your exam registration may be delayed.

I am registering for the following exam:

AKBD on Campus Program

Examination date (month/year) _____

Name of NKBA Accredited School you are attending:

Anticipated Date of Graduation: _____

Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Email: _____

Candidate Signature*: _____

Coordinator Signature: _____

Check this box to give the NKBA permission to release your name (once certified) to your local chapter.

Please indicate if you require special accommodations and attach appropriate documentation:

* By signing this form, I acknowledge that all information is true and complete. I also agree to be liable for all fees incurred if I do not give notification of cancellation within the time period outlined by the NKBA. See the NKBA Certification Guidebook or the NKBA website www.nkba.org/certification for details