Practitioners for the Recovery of Opioid Use Disorder
A division of CareLink of GA

General Identifying Information – Exam Prep

First Name:

Middle Initial:

Last Name:

Email Address (for contact):

Physical Address:

Physical Address Continued:

City:

State/Province:

Postal Zip Code:

Country:

Home Phone Number:

Work Phone Number:

Date of Birth:

List any relative state/national licenses and/or certifications (define all acronyms):

Gender (Optional):

Ethnicity:

Candidate ID (Last 4 digits of SS#):

Reason for Taking Exam:

Special Accommodations:

Disability (ADA) Needs:

ADA Contact Name (if applicable):

Purchase PROUD Study Guide for $45.00? (Yes/No):

OTPG Membership Program (If Yes, list name):