

CCA Exam Workshop Information Sheet

Local Board: _____

1. Exam Workshop Information

Date: _____ Time: _____ Fee: _____

Location: _____

Link: _____

Contact Name & Phone Number: _____

Contact Email: _____

2. Training Materials

Name: _____

Link: _____

Fee: _____

Contact Name & Phone Number: _____

Contact Email: _____

*Please make sure that exam workshop or training materials note that registering **does not** register the individual for the exams.