

# Certification of Review of the Online Orientation

Candidate Sequential: \_\_\_\_\_

Candidate ID: \_\_\_\_\_  
**PLACE ID LABEL HERE**

Test Site: \_\_\_\_\_

By signing this form, I certify that I have viewed the Online Orientation for this examination that is available on the CDCA website: [www.cdcaexams.org](http://www.cdcaexams.org). I also certify that I understand the examination content and process as explained in the Online Orientation.

\_\_\_\_\_  
Candidate Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate Signature