

# ABA In-Training Examination

## Irregularity Report Form

Examination Name: \_\_\_\_\_

Examination Date: \_\_\_\_\_

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

City and State: \_\_\_\_\_

## Description of Irregularity

| Candidate Name | Candidate ID # | Please provide a detailed description of the irregularity you witnessed. Include time of irregularity and name(s) of testing staff who verified the irregularity, if possible. |
|----------------|----------------|--|
|                |                |  |

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_