



## SCORE REPORT

Employment Support Professional Certification Council

### CERTIFICATION TEST FOR EMPLOYMENT SUPPORT PROFESSIONALS

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX  
LINE 1 ADDRESS  
LINE 2 ADDRESS  
CITY, STATE, ZIPCODE  
COUNTRY

CANDIDATE ID NUMBER: **F12345678**  
EXAMINATION DATE: **MM/DD/YYYY**  
CONTROL ID: **1234567**  
BOOKING ID: **7654321**

You have **failed** this examination. Your score is **XX%** correct answers.  
The passing score is **XX%** correct answers.

Content Area	Your Score	Max Score
1. Application of Core Values and Principles to Practice	XX	XX
2. Individualized Employment and Career Planning	XX	XX
3. Community Research and Job Development	XX	XX
4. Workplace and Related Supports	XX	XX
<b>TOTAL</b>	<b>XXX</b>	<b>XXX</b>

Unfortunately, you did not pass this examination. You are allowed two attempts at the examination within a 12-month period. You must wait for the next testing window to re-take the examination. A new application and examination fee must be submitted for each exam attempt.

To prepare for your next exam, we encourage you to review those areas in which you under-performed relative to your overall score. Please refer to the APSE website for more information regarding content area subscore interpretation as well as information about the appeals process at <https://apse.org/cesp-central/get-certified/post-exam/>.

