



Application for MOS Certification Exam

First Name _____

Last Name _____

CCM ID # _____ (Only if affiliated with CCM as student, staff or faculty)

Home Phone _____ Cell Phone _____

Email _____

Examination for which you are registering:

- MO-100: Word Associated 365/2019
- MO-101: Word Expert 365/2019
- MO-200: Excel Associate 365/2019
- MO-201: Excel Expert 365/2019
- MO-300: PowerPoint Associate 365/2019
- MO-500: Access Expert 365/2019
- Outlook Associate
- 77-725: Word 2016
- 77-726: Word Expert 2016
- 77-727: Excel 2016
- 77-728: Excel Expert 2016
- 77-729: PowerPoint 2016
- 77-730: Access 2016
- 77-731: Outlook 2016
- Intuit QuickBooks Desktop Certified User
- Intuit QuickBooks Certified User – U.S. Version

THIS SECTION IS TO BE FILLED OUT BY THE TESTING CENTER. Staff: _____

Exam date: _____ Time: _____ Fee Paid/Date Paid: _____ / _____