This form is designed to be used by applicants who need to retake the BCE examination or who wish to add a specialty to their BCE certification. Please fill in the information below and remit to the address shown no less than four weeks prior to your anticipated examination date. Only one retesting fee is required, regardless of how many tests you need to take or retake.

☐ I am retesting for one or more BCE exams that I previously did not pass. (Note that re-testing is required no sooner than 90 days, but no more than 365 days later than your last attempt, or else re-application to the program will be required.
☐ General Qualifying (Core) ☐ General Entomology
☐ Urban/Industrial Entomology ☐ Medical/Veterinary Entomology
☐ Regulatory Entomology ☐ Plant-related Entomology
☐ Pesticide Development, Analysis, and Toxicology

☐ I need to re-take the following test(s):
☐ General Qualifying (Core) ☐ General Entomology
☐ Urban/Industrial Entomology ☐ Medical/Veterinary Entomology
☐ Regulatory Entomology ☐ Plant-related Entomology
☐ Pesticide Development, Analysis, and Toxicology

Your name: __________________________________________  ESA ID: ___________

Your email: _________________________________________________________________

Anticipated exam date: ______________________________________________________

Exam proctor (name): _________________________________________________________

Exam proctor (email): _________________________________________________________

Exam proctor (phone): _______________________________________________________ 

Retesting fee: ☐ $50 (ESA members) ☐ $75 (non-ESA members)

Please remit to:
Entomological Society of America
3 Park Place
Suite 307
Annapolis, MD 21401
bce@entocert.org

Payment Info (Visa, MC, AmEx, Discover):
CC Info (number): ____________________________ Exp: ____________

CC Name: __________________________________________________________________

CC Signature: __________________________________________________________________

If paying by check, indicate check number here: _________________________________