Complete and sign. Cross out material within brackets that does not apply.

*praxis

If you have previously registered and your request for accommodations has been approved by ETS, you need to submit the Eligibility Form on *page 33*. See "If Your Primary Language Is Not English" on *page 12* for more information.

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL AND SENT TO ETS WITH THE TEST TAKER'S ELIGIBILITY FORM, REGISTRATION FORM, AND TEST FEES. **DO NOT MAIL THIS FORM SEPARATELY TO ETS.** Incomplete documentation will not be processed and will be returned to you. You will have to resubmit all appropriate forms for a future test administration.

	•••
	, am [a qualified ESL teacher/coordinator, foreign language
department supervisor/chairperson, o	or other appropriate professional (specify)] at
(Name of Institution)	I have held that position since (Date)
,	, ,
2. I have worked with and/or reviewed p	ertinent documentation about(Print Name of Test Taker)
I certify that English is not the test take	er's primary language. The test taker's primary language is
3. The test taker is taking one or more <i>Pr</i>	axis® tests to meet the requirements of(Institution/State/Agency)
•	(Institution/State/Agency)
The score recipient code is	,
complete processing. Date	ry Form) sufficiently in advance of the test administration date in question to permit Name
Attach Business Card OR School Seal	Signature*
OR School Stamp Below	Signature
Business Card	Title
	Institution
	Telephone and/or TDD/TTY Number
School Seal or School Stamp	Fax Number
	Email
	* Must be original signature. Photocopy of signature or stamped signature will not be accepted. A business card or school seal or school stamp must be affixed to this form.