## \*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.

Complete and sign. Cross out material	***
	, am [a qualified ESL teacher/coordinator, foreign language rother appropriate professional (specify)] ar
department supervisor/chairperson, of	
(Name of Institution)	I have held that position since  (Date)
2. I have worked with and/or reviewed pe	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 Pro	axis® tests to meet the requirements of
·	(Institution/State/Agency)
The score recipient code is	·
complete processing.  Date	Name
Attach Business Card OR School Seal OR School Stamp Below  Business Card	Signature*
	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.