



- Print all information clearly in **black ink**.
- Be sure to complete all pages, and staple the completed form before mailing.
- For the *Praxis ASL Assessment*, please go to **<https://praxis.ets.org/state-requirements>** and select a state to determine if the state uses the ASL test and to get the address to send registration forms and payment.

|                                                                                |                                         |                                                                                                               |                                   |
|--------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>First (Given) Name</b><br><small>(as on photo ID document):</small>         |                                         | <b>Middle Initial:</b>                                                                                        |                                   |
| <b>Last (Family/Surname) Name</b><br><small>(as on photo ID document):</small> |                                         |                                                                                                               |                                   |
| <b>Address:</b>                                                                |                                         |                                                                                                               |                                   |
|                                                                                |                                         |                                                                                                               |                                   |
| <b>City:</b>                                                                   |                                         |                                                                                                               |                                   |
|                                                                                |                                         |                                                                                                               |                                   |
| <b>State or Province:</b>                                                      |                                         | <b>ZIP or Postal Code:</b>                                                                                    |                                   |
|                                                                                |                                         | -                                                                                                             |                                   |
|                                                                                |                                         |                                                                                                               |                                   |
|                                                                                |                                         | <b>Country Code:</b><br><small>(refer to <a href="https://www.ets.org/praxis">www.ets.org/praxis</a>)</small> |                                   |
|                                                                                |                                         |                                                                                                               |                                   |
| <b>Daytime Phone/Mobile Phone</b><br><small>(Include Area Code):</small>       |                                         | -                                                                                                             |                                   |
|                                                                                |                                         | -                                                                                                             |                                   |
|                                                                                |                                         |                                                                                                               |                                   |
| <b>Gender:</b>                                                                 | <b>Male</b><br><input type="checkbox"/> | <b>Female</b><br><input type="checkbox"/>                                                                     | <b>Date of Birth:</b>             |
|                                                                                |                                         | <b>MM</b><br><input type="text"/>                                                                             | <b>DD</b><br><input type="text"/> |
|                                                                                |                                         | <b>YY</b><br><input type="text"/>                                                                             |                                   |
| <b>E-Mail Address:</b>                                                         |                                         |                                                                                                               |                                   |
|                                                                                |                                         |                                                                                                               |                                   |

**You MUST provide a valid e-mail address to access your test scores. PAPER SCORE REPORTS WILL NO LONGER BE MAILED TO YOU.**

**Candidate ID Number:**

If you have taken a *Praxis* test within the last 10 years, your candidate ID number can be found on your score report. Otherwise, leave this area blank.

|                        |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |                          |                                           |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--------------------------|-------------------------------------------|
| <b>First Choice:</b>   | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> |  |  |  |  |  | <b>Test Center Name:</b> | <input style="width: 100%;" type="text"/> |
|                        |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |                          |                                           |
|                        |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |                          |                                           |
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|                        |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |                          |                                           |
| <b>City:</b>           | <input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |                          |                                           |
| <b>State/Province:</b> | <input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |                          |                                           |
| <b>Second Choice:</b>  | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> |  |  |  |  |  | <b>Test Center Name:</b> | <input style="width: 100%;" type="text"/> |
|                        |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |                          |                                           |
|                        |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |                          |                                           |
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|                        |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |                          |                                           |
| <b>City:</b>           | <input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |                          |                                           |
| <b>State/Province:</b> | <input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |                          |                                           |

| FOR ETS USE ONLY                             |  |         |         |       |       |
|----------------------------------------------|--|---------|---------|-------|-------|
| Number and Street: _____<br>(Apt. #, if any) |  | F _____ | S _____ |       |       |
| City: _____ State: _____ ZIP: _____          |  | N _____ | P _____ | __ __ | __ __ |
|                                              |  | M _____ |         |       |       |

**TEST DATE**

Enter the date on which you'd like to test. (Please note, a separate registration form is required for each test date.)

Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

**TEST SELECTIONS**

For each test, enter the four digits of the test code in the boxes below. Write the name of each test you are selecting in the space provided. (Abbreviate if necessary.) Please check your state requirements prior to registering for a test at <https://praxis.ets.org/state-requirements>.

**Four-digit test code**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

\_\_\_\_\_

**SCORE RECIPIENTS** – Attending Institution and Recipient Codes are available on the *Praxis* website at <https://praxis.ets.org/test-taker/register-process>. Enter the last four digits of the code in the boxes below. If you do not have a code number for one or more of these items, leave the item(s) blank. Scores will be sent only to agencies that are authorized score recipients. (Note: If you would like your attending institution to receive an official score report, you must also list it as a designated score recipient.) **Note to Audiology and/or Speech Language Pathology test takers:** Use the **Audiology/Speech Language Pathology Attending Institution/Recipient codes list** to complete this section.

**Attending Institution:**

**Important:** Please enter the code for the college or university where you took the classes that most closely relate to the test(s) you are taking. This is for data analysis purposes only. Your Individual score report will NOT be sent to your attending institution unless you also list it as a Designated Score Recipient.

|   |  |  |  |  |
|---|--|--|--|--|
| A |  |  |  |  |
|---|--|--|--|--|

|              |   |  |  |  |  |
|--------------|---|--|--|--|--|
| ETS USE ONLY | P |  |  |  |  |
|--------------|---|--|--|--|--|

**Designated Score Recipient(s):**

Recipients to receive score reports and passing status information:

|  | Number 1                                                                  | Number 2 | Number 3 | Number 4 |  |                                                                           |  |  |  |  |                                                                           |  |  |  |  |                                                                           |  |  |  |  |
|--|---------------------------------------------------------------------------|----------|----------|----------|--|---------------------------------------------------------------------------|--|--|--|--|---------------------------------------------------------------------------|--|--|--|--|---------------------------------------------------------------------------|--|--|--|--|
|  | R <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |          |          |          |  | R <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  | R <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  | R <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |
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|  |                                                                           |          |          |          |  |                                                                           |  |  |  |  |                                                                           |  |  |  |  |                                                                           |  |  |  |  |
|  |                                                                           |          |          |          |  |                                                                           |  |  |  |  |                                                                           |  |  |  |  |                                                                           |  |  |  |  |
|  |                                                                           |          |          |          |  |                                                                           |  |  |  |  |                                                                           |  |  |  |  |                                                                           |  |  |  |  |

**Other Passing Score Information:**

To view passing score information for other states or agencies, please visit <https://praxis.ets.org/state-requirements>.

**MAJOR AND CERTIFICATION FIELD**

What is (are) your undergraduate/graduate major field(s)? Major and Certification Field Codes are available on the *Praxis* website at <https://praxis.ets.org/test-taker/register-process>. Enter the code(s) in the boxes below.

|              | Undergraduate                                                  | Graduate |  |  |                                                                |  |  |  |
|--------------|----------------------------------------------------------------|----------|--|--|----------------------------------------------------------------|--|--|--|
| Major Field: | <table border="1"><tr><td></td><td></td><td></td></tr></table> |          |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  |
|              |                                                                |          |  |  |                                                                |  |  |  |
|              |                                                                |          |  |  |                                                                |  |  |  |

Indicate the field(s) in which you are seeking certification. Major and Certification Field Codes are available on the *Praxis* website at <https://praxis.ets.org/test-taker/register-process>. Enter the code(s) in the boxes below.

|                      | Field 1                                                        | Field 2 |  |  |                                                                |  |  |  |
|----------------------|----------------------------------------------------------------|---------|--|--|----------------------------------------------------------------|--|--|--|
| Certification Field: | <table border="1"><tr><td></td><td></td><td></td></tr></table> |         |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  |
|                      |                                                                |         |  |  |                                                                |  |  |  |
|                      |                                                                |         |  |  |                                                                |  |  |  |

**BACKGROUND INFORMATION** – Select one answer for each question below.

- \*a.** How do you describe yourself?
- |                                                                                                                             |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> African American or Black                                                                       | 6. <input type="checkbox"/> Puerto Rican                                        |
| 2. <input type="checkbox"/> Asian American/Asian (Ex.: Japanese, Chinese, Korean)                                           | 7. <input type="checkbox"/> Other Hispanic, Latino, or Latin American           |
| 3. <input type="checkbox"/> Southeast Asian American/Southeast Asian<br>(Ex.: Cambodian, Hmong, Khmer, Laotian, Vietnamese) | 8. <input type="checkbox"/> Native American, American Indian, or Alaskan Native |
| 4. <input type="checkbox"/> Pacific Island American/Pacific Islander                                                        | 9. <input type="checkbox"/> White                                               |
| 5. <input type="checkbox"/> Mexican, Mexican American, or Chicano                                                           | 10. <input type="checkbox"/> Other                                              |
|                                                                                                                             | 11. <input type="checkbox"/> Two or more races                                  |
- b.** What is your best language of communication?
- |                                     |                                              |
|-------------------------------------|----------------------------------------------|
| 1. <input type="checkbox"/> English | 4. <input type="checkbox"/> Vietnamese       |
| 2. <input type="checkbox"/> Spanish | 5. <input type="checkbox"/> Another language |
| 3. <input type="checkbox"/> Chinese |                                              |
- c.** What language(s) did you first learn as a child?
- |                                                          |
|----------------------------------------------------------|
| 1. <input type="checkbox"/> English only                 |
| 2. <input type="checkbox"/> English and another language |
| 3. <input type="checkbox"/> Another language only        |
- d.** For which language other than English do you consider yourself proficient? (select all that apply)
- |                                          |
|------------------------------------------|
| 1. <input type="checkbox"/> English only |
| 2. <input type="checkbox"/> Spanish      |
| 3. <input type="checkbox"/> Chinese      |
| 4. <input type="checkbox"/> Other        |
- \*e.** What is the highest education level you have attained?
- |                                                           |                                                                              |
|-----------------------------------------------------------|------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Freshman (first year)         | 6. <input type="checkbox"/> Earned bachelor's degree plus additional credits |
| 2. <input type="checkbox"/> Sophomore (second year)       | 7. <input type="checkbox"/> Earned master's degree                           |
| 3. <input type="checkbox"/> Junior (third year)           | 8. <input type="checkbox"/> Earned master's degree plus additional credits   |
| 4. <input type="checkbox"/> Senior (fourth or final year) | 9. <input type="checkbox"/> Earned doctoral degree                           |
| 5. <input type="checkbox"/> Earned bachelor's degree      |                                                                              |
- f.** Which of the following best describes your teacher preparation program?
- |                                                                                                      |                                                                                                                              |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Undergraduate teacher education program (B.A. or B.S.)                   | 4. <input type="checkbox"/> Alternate route program designed to expedite the transition of non-teachers to a teaching career |
| 2. <input type="checkbox"/> Fifth-year post-baccalaureate program (not leading to a master's degree) | 5. <input type="checkbox"/> Other                                                                                            |
| 3. <input type="checkbox"/> Master's degree education program (M.A., M.S., M.Ed., M.A.T.)            |                                                                                                                              |
- g.** How many years has it been since you attended college or graduate school?
- |                                                                            |                                                |
|----------------------------------------------------------------------------|------------------------------------------------|
| 1. <input type="checkbox"/> Currently attending college or graduate school | 4. <input type="checkbox"/> 4–6 years          |
| 2. <input type="checkbox"/> Less than 1 year                               | 5. <input type="checkbox"/> 7–10 years         |
| 3. <input type="checkbox"/> 1–3 years                                      | 6. <input type="checkbox"/> More than 10 years |
- \*h.** What is your cumulative undergraduate grade point average to date (based on a system where 4.0 = A)?
- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| 1. <input type="checkbox"/> 3.5–4.0  | 4. <input type="checkbox"/> 2.0–2.49  |
| 2. <input type="checkbox"/> 3.0–3.49 | 5. <input type="checkbox"/> 1.5–1.99  |
| 3. <input type="checkbox"/> 2.5–2.99 | 6. <input type="checkbox"/> Below 1.5 |
- i.** Are you or have you ever been enrolled in a teacher education program?
- |                                       |
|---------------------------------------|
| 1. <input type="checkbox"/> Currently |
| 2. <input type="checkbox"/> Formerly  |
| 3. <input type="checkbox"/> Never     |
- j.** Your teaching status is:
- |                                                                                                     |                                                                   |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1. <input type="checkbox"/> Planning to enroll or currently enrolled in a teacher education program | 3. <input type="checkbox"/> 1 to 3 years teaching experience      |
| 2. <input type="checkbox"/> Recently graduated and expect to begin teaching in the near future      | 4. <input type="checkbox"/> More than 3 years teaching experience |
|                                                                                                     | 5. <input type="checkbox"/> Not planning to teach at this time    |
- k.** Do you intend to teach in the same state as the one in which you are currently taking the Praxis assessment?
- |                                 |
|---------------------------------|
| 1. <input type="checkbox"/> Yes |
| 2. <input type="checkbox"/> No  |
- l.** In which kind of geographic area do you think you are most likely to teach next year?
- |                                   |                                                                 |
|-----------------------------------|-----------------------------------------------------------------|
| 1. <input type="checkbox"/> Urban | 3. <input type="checkbox"/> Suburban                            |
| 2. <input type="checkbox"/> Rural | 4. <input type="checkbox"/> I do not plan on teaching next year |

\* Question **a** will be reported to states or institutions that receive electronic reporting. Other questions and/or sections with asterisks will be reported on all test taker and recipient score reports. All other background questions are for research purposes only, and respondents will remain anonymous.

**TEST FEES (See [www.ets.org/praxis](http://www.ets.org/praxis) for further information.)**

AMOUNT

**Special Administration**

Number of Selected-Response Subject Assessments\* ..... X \$130 = \$ \_\_\_\_\_

Number of Selected-Response/Constructed-Response Subject Assessments\* ..... X \$156 = \$ \_\_\_\_\_

Number of Constructed-Response Subject Assessments\* ..... X \$156 = \$ \_\_\_\_\_

Other Subject Assessments ..... X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\*To determine whether your test contains selected-response questions, constructed-response questions, or both, please visit [www.ets.org/praxis/about/fees](http://www.ets.org/praxis/about/fees).

**(A) TEST FEE TOTAL** \$ \_\_\_\_\_

AMOUNT

Examinees testing in Nevada centers only: Number of tests ..... X \$5 = \$ \_\_\_\_\_

**(B) SURCHARGE FEE TOTAL** \$ \_\_\_\_\_**TOTAL FEES (A + B)** = \$ \_\_\_\_\_

Add taxes where applicable \$ \_\_\_\_\_

Minus voucher (if applicable) \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**PAYMENT** Please pay online with a credit card. If you are requesting an accommodation, do not send payment with this form. You can pay online after the voucher and/or accommodation has been provided.

**IMPORTANT NOTE:** If you are requesting testing accommodations and are emailing your documents, do not include credit card information on this registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

☐ I understand and acknowledge the terms and conditions explained in the Acknowledgment on the next page of this form.

**Please write in cursive, DO NOT PRINT, the following statement.**

☐ I hereby agree to the conditions set forth in the *Praxis Information Bulletin*, available on the *Praxis* website, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions and answers. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

| FOR ETS USE ONLY |               |               |
|------------------|---------------|---------------|
| (C)              | (V)           | (IP)          |
| _____   _____    | _____   _____ | _____   _____ |

| FOR ETS USE ONLY                        |
|-----------------------------------------|
| Voucher Type 1 <input type="checkbox"/> |
| Voucher Type 2 <input type="checkbox"/> |
| _____   _____                           |