

2023-24

The *Praxis*® Tests and School Leadership Series Assessments

Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs

NOTE: This supplement contains procedures and forms for requesting accommodations for the tests listed above.

Use this supplement **together** with the information and registration form(s) found in the *Praxis* and SLS *Information Bulletins* and/or on each testing program's website, at **www.ets.org/praxis** and **www.ets.org/sls**.

Visit the ETS website at **www.ets.org/disabilities** for the most up-to-date information.

CONTACT INFORMATION

All questions related to accommodations should be directed to ETS Disability Services.

ETS Disability Services

Monday – Friday 8:30 a.m. – 5 p.m. U.S. Eastern Time (New York)

Phone: 1-866-387-8602 (toll-free in the U.S., U.S. Territories and Canada)

1-609-771-7780 (all other locations)

General Email

Inquiries: stassd@ets.org

Requests for Testing Accommodations: disability.reg@ets.org

Mail: ETS Disability Services Courier Service: ETS Disability Services

PO Box 6054 1425 Lower Ferry Road

Princeton, NJ 08541-6054 U.S.A. Ewing, NJ 08618-1414 U.S.A.

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GENERAL INFORMATION

ETS is committed to serving test takers with disabilities or health-related needs by providing reasonable accommodations that are appropriate given the purpose of the test.

While many test takers with disabilities successfully take the *Praxis* or School Leadership Series Assessment (SLS) with appropriate accommodations, some test takers with disabilities may want to ask their prospective institution or fellowship sponsor whether it is willing to waive the test requirement and consider their application based on other information.

Important: Test takers requesting accommodations MUST complete a *Testing Accommodations Request Form* and submit it to ETS Disability Services. The form may be submitted online, via email, mail or courier service. We strongly encourage using the convenient online registration system. You must submit your request and have your accommodations approved by ETS Disability Services **before** your *Praxis* or SLS test may be scheduled. Accommodations cannot be applied to a test that has already been scheduled.

Submit your request as early as possible. Documentation review may take approximately four to six weeks once your request and complete paperwork have been received at ETS. If additional documentation is requested, it may be approximately two to four weeks from the time the new documentation is received until the review is complete. ETS is committed to producing alternate test formats as quickly as possible; however, production times may vary.

Information about *Praxis* or SLS program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures and score reporting information is available in the *Praxis* or SLS *Information Bulletin* and on the *Praxis* or SLS website at *www.ets.org/praxis* or *www.ets.org/sls*. It is recommended you review this information prior to requesting accommodations.

To submit your accommodation request online, you will need to create an ETS account. *Praxis* test takers can go to *https://www.ets.org/praxis*; and SLS test takers can go to *https://www.ets.org/sls*. In your ETS account you may upload documentation and indicate your preferred test date and location. You may also view your approved accommodations and test appointments. In addition, if you are approved for extended test time, extra breaks, screen magnification and/or selectable background and foreground colors, you may also self-schedule your test online through your ETS account. If you are requesting and are approved for accommodations other than the four listed above, you cannot schedule your test online. Your approval letter will provide instructions for scheduling your test.

Using Previously Approved Accommodations

If you were previously approved for accommodations on a *Praxis* or SLS test, review your approval letter to determine if your accommodations approval is still current. If your accommodations have not expired, you may register following the directions on your letter.

If you are registering for a paper-based test, complete Parts I and II of the Accommodations Request Form and the Registration Form even if you are requesting accommodations identical to those approved for you by ETS previously.

If you have received accommodations from ETS for another test (for example, the *TOEFL*® test, GRE, or GACE assessment) and your accommodations approval is still current, you may request the <u>same</u> accommodations for a *Praxis* or SLS test during the 2023–24 testing year without providing disability documentation. The accommodations ETS previously approved for you will be approved again <u>if</u> they are appropriate for the current test.

If you have received testing accommodations on another standardized test such as the ACT, SAT, GMAT, LSAT and/or MCAT, etc., you may request the <u>same</u> accommodations for the Praxis test during the 2023–24 testing year by submitting a copy of your approval letter. No disability documentation is required. The accommodations approved for you by another testing agency will be granted if they do not violate test construct or test security.

Reduced-distraction Setting

Many test takers request a reduced-distraction setting. The testing centers are designed to have minimal distractions with each test taker assigned to an individual carrel with earplugs or headphones available upon request to further reduce environmental noise.

Pre-approved Personal Items

Certain items are allowed in the testing environment without prior approval. These include, but are not limited to, bandages, spinal cord stimulators, foot stool, lumbar support cushion, service animals and hearing aids/cochlear implant. However, if your hearing aids or cochlear implant have Bluetooth capabilities, accommodations must be requested. The full list of pre-approved personal items for use at test centers is available at https://www.prometric.com/sites/default/files/Permissible-items.pdf.

If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump which is attached to your body plus the transmitter used to program the pump) or your pump is especially noisy. If the pump cannot be silenced and is likely to disturb other test takers, requesting accommodations is a good idea so you may be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require prior approval; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

Steps to Request Accommodations

To request accommodations for a *Praxis* or SLS test, follow the steps below:

- 1. Complete the *Testing Accommodations Request Form*.
- 2. Complete the *Praxis* or SLS *Test Authorization Voucher Request Form*.
- 3. Determine if Disability Documentation is Needed.
- 4. Submit completed forms.

Detailed information regarding each of these steps is provided in this *Supplement*.

☐ STEP 1: Complete the Testing Accommodations Request Form (if not submitting your materials online)

Complete the *Testing Accommodations Request Form* on pages 10–23 in this *Supplement* or access and complete the form in your ETS account. *Praxis* test takers can go to *https://www.ets.org/praxis*; and SLS test takers can go to *https://www.ets.org/sls*.

Part I — Applicant Information

Complete this section and sign the Applicant's Verification Statement even if you are requesting accommodations identical to those approved for you by ETS previously.

Part II — Accommodations Requested

Complete this section even if you are requesting accommodations identical to those approved for you by ETS previously. If you are requesting accommodations other than those listed in Part II, you must describe them under "Other Accommodations."

Accommodations for Health-related Needs

Health-related needs are most commonly those affecting digestion, immune function, respiration, circulation, endocrine functions, etc., and frequently require only minor accommodations. Documented health needs include conditions such as diabetes, Crohn's disease and chronic pain. Minor accommodations include but are not limited to: extra breaks for medication, snacks, beverages or glucose testing materials which are necessary during the test session.

Documentation for health-related needs should include a letter of support from a medical doctor or other qualified professional stating the nature of the condition and the rationale for the requested accommodation(s). Please note, handwritten documentation or a note on a prescription pad is not sufficient.

Commonly Requested Accommodations

- Extended Test Time (all tests are timed)
 - 25 percent (time and one-quarter) or 50 percent (time and one-half) or 100 percent (double time)
- Extra Breaks —The testing clock stops for breaks and does not affect your testing time. Breaks may be used for medication, snacks, trips to the restroom, etc. Some disabilities, by their nature, result in fatigue, the need for rest, and/or restroom breaks while not impacting the actual test taking. In these cases, extra breaks may be more appropriate than extended test time.

Accommodations for Computer-delivered Tests

- Screen magnification
- Selectable background and foreground colors
- JAWS screen reader with or without refreshable braille device (only for applicants who are blind or have low vision)

Assistance

- Human reader
- Human scribe
- Assistance with check-in and spoken directions (only for applicants who are deaf or hard-of-hearing)
 - » Oral interpreter
 - » Sign language interpreter
- Assistance for note taking (only for applicants who are blind or have low vision)
 - » Braille slate and stylus
 - » Perkins brailler

Alternate Test Formats

- Braille (only for applicants who are blind or have low vision)
- Large-print test book
- Large-print answer sheet
- Recorded audio¹

Part III — Certification of Eligibility: Accommodations History

All applicants are encouraged to submit *Part III* — *Certification of Eligibility: Accommodations History* form which serves two distinct purposes:

- To provide verification of an individual's use of accommodations either in college or in the workplace
- As a shortcut for approval of certain specific accommodations for particular disabilities

¹ Recorded audio with tactile figure supplement (only applicants who are blind or have low vision)

Recorded audio with large-print figure supplement (only applicants who are blind or have low vision)

☐ STEP 2: Complete *Praxis* or *SLS Test Authorization Voucher Request Form* (if not submitting your materials online)

If you plan to submit your materials to ETS Disabilities Services by email or mail instead of online at *https://www.ets.org/disabilities/test-takers.html*, complete the *Praxis* or *SLS Test Authorization Voucher Request Form* on pages 24–29 in this *Supplement*.

☐ STEP 3: Determine if Disability Documentation is Needed

DO NOT submit disability documentation if you are able to use the COE as a shortcut for approval and/or you are submitting evidence of testing accommodations approval from ETS or another standardized testing agency. Submitting unrequired documentation will delay the review process. **For more information regarding documentation guidelines, please visit** *www.ets.org/disabilities.*

If you have a learning disability, ADHD, TBI, ASD, a psychiatric disability and/or a physical disability and are requesting 50% extended test time (time and one-half) or less and/or extra breaks, you do not need to submit documentation if you are submitting a valid Part III — Certification of Eligibility: Accommodations History.

If you are blind or legally blind, you do NOT need to submit documentation if you are submitting a valid *Part III* — *Certification of Eligibility: Accommodations History* form and are requesting only accommodations from the list below.

- Screen magnification
- Screen reader
- Selectable background and foreground colors
- Braille
- Large print (test book and/or answer sheet)
- Recorded audio
- Human reader
- Human scribe
- Braille slate and stylus for note-taking
- Perkins brailler for note-taking
- 50 percent (time and one-half) or less extended test time
- Extra breaks
- 100 percent extended test time (double time) when also requesting braille, a human reader, recorded audio, or a screenreader

If you are deaf or hard-of-hearing, you do NOT need to submit documentation if you are submitting a valid *Part III* — *Certification of Eligibility: Accommodations History* form and are requesting only accommodations from the list below.

- 50 percent or less extended test time (time and one-quarter or time and one-half)
- Extra breaks
- Sign language interpreter (for check-in assistance and spoken directions)
- Oral interpreter (for check-in assistance and spoken directions)

☐ STEP 4: Submit Your Completed Forms and Docume Requests for testing accommodations may be submitted online or encourage using the convenient online registration system. Be sure your submission. An incomplete application will cause a delay in processing the convenient online registration system.	via email, mail or courier service. We strongly e to include the appropriate documents with
Submitting Your Material Online in Your ETS Account	
You may submit materials online through your ETS account. <i>Prax https://www.ets.org/praxis</i> ; and SLS test takers can go to <i>https://www</i> "Accommodation Status/New Request" under the "Test Takers wit section on the home page and follow the instructions.	w.ets.org/sls. Once signed in, select
Submitting Your Material by Email	
Be sure to attach the following items with your email message: ☐ Completed Testing Accommodations Request Form ☐ Completed Praxis or SLS Test Authorization Request Form Health-related Needs ☐ Disability documentation (if required)	for Test Takers with Disabilities or
Requests for accommodations should be sent to disability.reg@ets	.org.
Please note: Do not include credit card information with your main been received at ETS, you will receive an email with instructions in	
Submitting Your Material by Mail or Courier Service	
Be sure to include the following with your request: ☐ Completed Testing Accommodations Request Form ☐ Completed Praxis or SLS Test Authorization Request Form Health-related Needs ☐ Disability documentation (if required)	for Test Takers with Disabilities or
Mail your material to the appropriate address below.	
Mail ETS Disability Services PO Box 6054 Princeton, NJ 08541-6054 U.S.A.	Courier Service ETS Disability Services 1425 Lower Ferry Road Ewing, NJ 08618-1414 U.S.A.
Once your accommodations have been approved, you will receive with instructions regarding how to register for the <i>Praxis</i> or SLS to	
Regardless of how you submit your material, ETS Disability Servi	ices will contact you via email regarding

your application.

CHANGING OR CANCELLING A TEST

Policies for changing or canceling your test are included in the *Praxis* Information Bulletin and on the *Praxis* website at *www.ets.org/praxis*.

If you have been approved for accommodations and need to cancel or change your test please refer to your approval letter or contact ETS Disability Services (refer to page 2).

PRAXIS OR SLS TEST PREPARATION

Information about test preparation materials for the *Praxis* test is available at *www.ets.org/praxis/prepare/materials*. Information about test preparation for the SLS is available at *www.ets.org/sls/prepare/materials*.

If you need *Praxis* or SLS test preparation materials in an alternate format not already on the program website, contact ETS Disability Services. See page 2 for contact information.

SCORE REPORTING

Information about score reporting can be found in the *Praxis*/SLS Information Bulletin or on the program's websites. *Praxis* score reporting information can be found at *http://www.ets.org/praxis/scores*; School Leadership Series score reporting information can be found at *https://www.ets.org/sls/scores/reports*.

Part I — Applicant Information

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ACKNOWLEDGMENT

This Acknowledgment, including the Privacy Notice at *www.ets.org/legal/privacy*, contains the terms and conditions between you and Educational Testing Service ("ETS," "we," "us," "our") regarding the ETS test you are now registering for and/or the testing products and services you are now requesting (these are together referred to as "Testing Services"). It applies to all actions you take regarding the Testing Services, including creating an online account, providing survey information regarding a test that you take, requesting one of our services relating to the test and completing a test or product order and providing payment information.

Personal Information

In registering for the Testing Services, you acknowledge and agree that we have the right to obtain, collect, store use, disclose (including to public authorities and score recipients), extract and transmit (collectively "use") the personal information you provide, including your full name, home address, email address, telephone number, social security or similar number, passport number, national ID number, gender, nationality, age, date of birth, responses to other background information questions, test administration date and details, payment information and how you specifically use our Website. This also includes our use of biometric data (including fingerprints, audio recordings, facial images and video files) provided by you in the course of your registering for and participating in the Testing Services. All of the above data is referred to as "Personal Information." Which Personal Information we hold, how we use it and how long we hold it for may be subject to legal limitations in the jurisdiction in which you receive the Testing Services. ETS strives to meet these legal requirements, and further information on how we do so is provided below.

How We Use Your Personal Information

We use your Personal Information to:

- complete any registration, purchases or other transactions you request
- improve our products and services, and identify, develop and offer new or expanded products and services
- improve and personalize your experience on the Website, and customize the content and/or format of the pages you visit
- subject to your opting-in (see below), notify you about updates, products, services and/or special offers from ETS, its affiliates and selected third parties
- ask you to participate in brief surveys or provide other information
- generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our Website

If you agree (or have agreed) under other agreements with ETS that we may use your Personal Information in additional ways, those other agreements will not be limited by this separate Acknowledgment.

International Transfer

ETS, its Website, and its servers are located in the United States. Therefore, your information, including Personal Information, will be transferred from your location to the United States in accordance with applicable laws. It may also be transferred directly from your location or via the U.S. to other countries who provide processing services to ETS, all at the direction of ETS and in accordance with applicable laws. In accepting this Acknowledgment, you are agreeing to cross-border transfers of your information, including your Personal Information. If you do not agree to these cross-border transfers, then you should refrain from using the Website. You may have a right under applicable law to revoke your consent to the international transfer of your Personal Information. If you do so, we are unlikely to be able to continue providing the Testing Services to you.

Third Party Disclosure

We communicate your Personal Information to certain third parties, within the jurisdiction of your location and elsewhere, with whom we have a direct or indirect business or contract relationship in order to provide you with the Testing Services you have requested. These third parties assist with various aspects of the delivery of the Testing Services, including security services and score distribution services.

Your Rights

In some instances, under applicable laws, you have the right to withdraw your consent and require us to delete your Personal Information should the lawful purposes for which we hold it cease. You may also request that we correct your Personal Information if it is incorrect, inaccurate, misleading or incomplete. To protect your privacy and security, we will take reasonable steps to verify your identity before granting access or making corrections.

If required under applicable laws, at your request and on satisfactory proof of identity (as determined by ETS), we will provide you (i) confirmation that we hold your Personal Information, (ii) details or a description of the Personal Information we hold in an intelligible form; (iii) information of how we came to hold the Personal Information, the purposes for which we are using it, and in some cases the methods and logic we use in processing the Personal Information; (iv) further corporate information regarding ETS and, in some circumstances, the other corporate entities who may process the Personal Information on behalf of ETS.

To request any of the above actions, please contact us at: Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org.

You may also have the right under certain applicable laws to complain to a regulatory authority in your country if you believe we have not processed your Personal Information in compliance with applicable laws.

Further Communications

We ask you to provide your contact details, including email address, telephone and mobile phone details. We use this information so that we can quickly provide you with information (principally by way of email, telephone, SMS or other electronic means) regarding the Testing Services you have requested and to provide you with information about other testing products and services (which we will do in accordance with applicable laws). When you receive communications from us about other testing products and services, you will have the opportunity of subsequently opting-out of receiving these, and our communications will contain instructions on how to do so. Remember, however, that we may still send emails or call you in order to provide the Testing Service you have purchased or otherwise requested from us.

Governing Law

You agree that this Acknowledgment will be governed by and construed in accordance with the laws of the United States and the State of New Jersey, without regard to principles of conflict of laws.

Additional Information

This section containing additional information is of *general application*, but it is also provided for purposes of the *EU General Data Protection Regulation* when it comes into force (to the extent the Regulation is applicable to you in the context of the Testing Services): ETS Corporate Details (including contact details): Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org.

Purpose and Legal Basis for Processing: To provide tests and testing services as requested, including processing for the administration of tests, such as marking and score reporting to test takers and nominated score recipients.

Legitimate Interests relied upon: ETS requires your Personal Information for purposes of administering educational tests and providing these tests in a secure manner so that test takers receive accurate results and test qualifications are recognized by intended score recipients.

International Transfers: Data will be transferred to data processors engaged by ETS in various jurisdictions outside of the EEA, depending on the particular Testing Services requested. These transfers are made in accordance with the acknowledgment you have given above and intercompany and third party transfer agreements, in accordance with applicable laws.

Personal Information Retention: Personal Information is generally held for 5 years from the date of its submission. This period may be extended by ETS if the score for the Testing Service you require remains valid for a longer period (which information is usually contained in your testing result information), if the Testing Service you have requested is being reviewed or if our legitimate interest in retaining your Personal Information remains in place. It also may be shorter if we no longer require your Personal Information (for example, if you have expressed interest in a test but have not taken one). You may contact us at etsinfo@ets.org if you require further information.

Data Subject Rights: In addition to the rights described above, you may have data portability rights. For security reasons, most testing organizations will require that Personal Information be obtained directly from you and this may limit the usefulness of your data portability rights.

Supervisory Body: Please contact the national data processing authority in the jurisdiction in which you receive the Testing Services.

For Hong Kong residents only: Subject to applicable laws regarding our use of your Personal Information, we will not use your Personal Information if we do not reasonably believe that such use is in your interests. In order for us to supply you with the Testing Services, you must supply us with your Personal Information to complete any registration, purchase or other transaction you request online and/or perform any of our other contractual obligations to you which requires us to have the Personal Information.

For Australian residents only: please be informed that if you agree to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates' use of such data outside of Australia does not breach the Australian Privacy Principles.

For Canadian residents only: This is the notification that ETS is required to provide to Canadian residents. Please see above regarding International Data Transfers. Where we transfer Personal Data to third parties we contractually require third parties to have a written procedures in place that comply with the requirements of the applicable privacy laws in Canada.

For Singapore residents only: In connection with the transfer of your Personal Information outside of Singapore, ETS believes that the laws of the recipient country of your Personal Information will provide a standard of protection comparable to the applicable laws of Singapore.

Contact Information

If you have questions or requests concerning our use of your Personal Information, you should contact: etsinfo@ets.org.

By indicating "Accept," you expressly and voluntarily acknowledge and agree to the terms and conditions above, particularly those relating to our use of biometric data and the international transfer of Personal Information.¹

¹If you are a minor as determined by applicable law and living outside of the United States, to the extent required by applicable law, the person clicking "Accept" must be a parent or guardian.

Part I — Applicant Information (continued)

Applicant's Name			
(Please Print)	First Name	M.I.	Last Name
	Verificat	ion Statement to Be Signe	d by Applicant
agree to provide accommodations	ETS with any additional in also give permission to	nformation or documentation re o release to ETS a copy of any	, and if this application is not sufficient, I equested in order to evaluate my request for pertinent information required to establish the use of an assistive device, I am familiar with
in advance of the I also understand If additional infor documentation is	e test administration date d that processing can take mation is requested, it ma s received until the review	to provide time to evaluate and e approximately four to six weel ay be approximately another tw	tion must be available to ETS sufficiently process my request for accommodations. ks from the time the application is complete. o to four weeks from the time the new at ETS reserves the right to make final and appropriate.
accommodations I also understand	s will not be processed if I d that ETS does not waive	alter or revise Part III in any wa	istory form, I acknowledge that my request for ay after the appropriate official has completed it. completes Part III on my behalf to submit the ministration date.
release this infor	mation to ETS upon ETS'	-	commodations History form on my behalf to ee, the Certification of Eligibility: Accommodations sability documentation on file.
_	ntified by name in researc		arch purposes, and that in no case will any tion will be protected by the terms of ETS's
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its in-house expe		equest for accommodations, I a	nsultants with whom it may consult to augment uthorize and provide my consent to ETS to
Signature of App	licant		Today's Date
	Кеер а с	opy of this completed form fo	or your records.

Part II — Accommodations Requested

Applicant's Name	·			
(Please Print)	First Name	M.I.	Last Name	
Today's Date:	onth Day Year			
Previously Appro	oved Standardized Tes	ting Accommodations		
•		•	nave not expired and your accomi eted and indicate the month and y	
•	CE® GRE®	HiSET® P	araPro Praxis®	
Previous test date	(s) (month/year):			
Have you received MCAT, etc.? Yes No	d testing accommodatio	ns on another standardized te	est such as the ACT, SAT, GMAT,	LSAT and/or
•	·	t a copy of your approval lettender to the next question	er(s) from the appropriate agency on.	(ies) which deta
•	iencing the functional lir	<u> </u>	ility(ies) for which testing accomm	nodations were
☐ Yes				
□ No				

(continued on next page)

Part II — Accommodations Requested (continued)

REQUESTED ACCOMMODATIONS (Check all that apply)

extended Testing Time (NOTE: All tests must submit disability documentation or vitesting agency directly to ETS for review.)	erification of approval of the same acc	
☐ 25 percent (time and one-quarter)	$\ \square$ 50 percent (time and one-half)	☐ 100 percent (double time)
Extra Breaks. Breaks are not included in ☐ Yes	testing time (can be used for medicati	on, snacks, trips to the restroom, etc.)
Accommodations for Computer-delive	red Tests	
☐ Screen magnification		
 Selectable background and foregroun 		
☐ JAWS screen reader (only for application)	nts who are blind or have low vision)	
Alternate Test Formats		
☐ Braille (only for applicants who are bli	nd or have low vision)	
☐ Large-print test book		
 Large-print answer sheet 		
☐ Audio recording¹		

(continued on next page)

¹ For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement can be provided.

Part II — Accommodations Requested (continued)

Applic	ant's Name				
(Pleas	se Print)	First Name	M.I.	Last Name	
Assis	tance				
 □ H □ Bi □ Pi □ Si he □ O 	erkins braille gn language earing)	nd stylus for note taker for note taker for note taking (onle interpreter for checer for checer for check-in assist		,	
assist				than those listed above (e.g., medical supplies/information, if applicable) and submit appropriat	
1.					
2.					
3.					
4.					
5.					

Part III — Certification of Eligibility: Accommodations History

Applicant's Name:				
(Please Print)	First Name	M.I.	Last Name	

The Certification of Eligibility (COE): Accommodations History form serves two distinct purposes:

- to provide verification of an individual's use of accommodations in either college or in the workplace
- · as a shortcut for approval of certain specific accommodations for most disabilities

A completed COE: Accommodations History will only be considered in place of disability documentation from qualified applicants with

- 1. Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD), Traumatic Brain Injury (TBI), Autism Spectrum Disorder (ASD), psychiatric disabilities and/or physical disabilities, who are requesting 50% extended time or less and/or additional breaks only; OR
- 2. Blindness/legal blindness and/or hearing loss who are requesting those accommodations listed on page 7 for these conditions.

For any other accommodations (double time, scribe, reader, etc.) applicants must submit disability documentation or verification of approval of the same accommodations from another standardized testing agency directly to ETS for review.

This form must be completed and signed by an authorized professional representing one of the following:

- Office of Accessibility/Disability Services at test taker's college or university
- Human Resources office at test taker's place of employment
- Department of Vocational Rehabilitation (DVR) office in test taker's state of residence

Certification of Eligibility: Accommodations History forms completed and signed by members of the applicant's family, or by the individual who diagnosed or is treating the disability, will not be considered.

After reading this page, please complete pages 20 to 23.

Part III — Certification of Eligibility: Accommodations History (continued)

Applicant's Name:			
(Please Print)	First Name	M.I.	Last Name

DIRECTIONS FOR COMPLETING THE CERTIFICATION OF ELIGIBILITY: ACCOMMODATIONS HISTORY

The COE can be used in lieu of documentation or as verification of the accommodations used in a postsecondary setting. The authorized professional should initial each of the documentation criteria listed below. Please clearly write your initials for each item.

Does the candidate's documentation...

	Yes	No	N/A	
1.				Meet the recency guidelines set forth at www.ets.org/disabilities?
2.				Include complete educational, developmental, and medical history relevant to the disability for which accommodations are being requested?
3.				Describe the functional limitations resulting from the diagnosed disability?
4.				List the test instruments used in the evaluation report and relevant subtest scores used to document the stated disability? (All test instruments should have adult norms.)
5.				Describe the specific accommodation(s) requested and adequately support each requested accommodation?
6.				Present itself on official letterhead, typed, signed, and dated by an evaluator qualified to make the diagnosis (include information about license, certification, and area of specialization)?

Part III - Certification of Eligibility: Accommodations History (continued)

Applica	nt's Nam	e:		
(Please	Print)	First Name	M.I.	Last Name
Provide	the follo	wing information regardir	g the disability documentation o	n file:
A.		nd credentials of the profesan Smith, MD, Psychiat	essional who completed the mos rist)	et recent evaluation.
		Name	Degree	Area of Expertise
В.	Date of p	orofessionals most recen	t evaluation:/_ Month Year	
C.	Applican been gra		r disabilities, as stated in the doo	cumentation, for which accommodations have
D.	Extende you mus standard	d testing time (NOTE: All	entation or verification of approvetly to ETS for review.)	at your institution. esting more than 50 percent extended test time, ral of the same accommodations from another
		25% 50% Ist all other approved test		ent used a "reduced distraction testing
	1.	nerit, piedoe decoribe til	at onvironment.	
	2.			
	3			
	4			
	5			
E.	During w	hat period of time has th	e applicant used the above acco	ommodations?
		From/_ Month Year	_	To/_ Month Year

Part III — Certification of Eligibility: Accommodations History (continued)

lease Print)	First Name	M.I.	Last Name	
,				
F. Has the	applicant used these accor	mmodations for at least one s	emester or four months?	
ye	esno			
G. Where h	as the applicant used the a	accommodations?		
	ge/University			
☐ Place	e of Employment			
□ Otho	r (indicate):			

I certify that the accommodations indicated in Part III – *Certification of Eligibility: Accommodations History* form are those that were documented as necessary and approved for the applicant.

I certify that I have reviewed the Educational Testing Service (ETS) Disability Documentation Guidelines, and that the applicant's documentation supporting the disability or disabilities and the need for specific accommodations is in line with those guidelines and on file in this office. For quality assurance, Part III – *Certification of Eligibility: Accommodations History* form may be subject to an audit resulting in a review of the actual disability documentation on file.

In the event that ETS requests a copy of any of the documentation cited above, I agree to send ETS, for its consideration, the complete file of documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorizes the release of this information pursuant to the applicant's verification statement.

I also understand that if ETS determines at any time that the applicant's documentation is not in line with ETS's Disability Documentation Guidelines, ETS will withhold or cancel the applicant's score(s).

Part III — Certification of Eligibility: Accommodations History (continued)

Applicant's Nam	ne:		
(Please Print)	First Name	M.I.	Last Name
counselor	ed by an authorized po at place of employmer	nt or a Vocational Rehabilitation cour	sability Services, a Human Resources aselor. NOTE: The evaluator who
diagnosed	d or is treating the in-	dividual cannot complete this forn	n.
Signature of Authorized Professional			Today's Date
Print Name			
Title			
Name of Institut	ion/Agency/Place of E	mployment	
Telephone		Fax	#
Email Address			
		Attach Business Card He	re

TEST AUTHORIZATION VOUCHER REQUEST FORM



Check here if you are requesting testing accommodations. Before you fill out this form, you must create a profile at www.ets.org/praxis/register. When you create your profile, a candidate D number, acandidate D number, out get your candidate D number and follow the instructions in the Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs at www.ets.org/praxis/register/disabilities. PLEASE PRINT ALL INPORMATION CALLED FOR BELOW. NAME. Print your last name, first name, and middle initial. Last Name - first 15 letters	Check here if you are not requesting testing accommodations.				
TEST CODE TEST NAME POT test takers requesting an accommodation: PREFERRED TEST DATE PREFERRED TEST LOCATION PREFERRED TEST LOCATION PREFERRED TEST LOCATION PREFERRED TEST LOCATION IMPORTANT NOTE: If you are requesting testing accommodation aare 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 hereby agree to the conditions set forth in the 2023-24 Praxis Information Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the lest at the center and whose name and address appear on this form.					
PLEASE PRINT ALL INFORMATION CALLED FOR BELOW. NAME Print your last name, first name, and middle initial. Last Name - first 15 letters First Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last Name - first 10 letters BLI. MAILING ADDRESS: Number and Street (include apartment namber) Last N					
NAME: Print your last name, first 15 letters All Last Name - first 15 letters Print Name - first 10 letters Mal.					
DATE OF BIRTH SOCIAL SECURITY NUMBER DAYTINE TELEPHONE NUMBER Candidate ID (if known)					
MAILING ADDRESS. Number and Street (include apartment number) State ZIP Code (U.S. only)					
EMAIL ADDRESS DATE OF BIRTH SOCIAL SECURITY NUMBER DAYTIME TELEPHONE NUMBER Candidate ID (if known) TEST CODE TEST NAME TEST NAME PREFERRED TEST DATE PREFERED TEST LOCATION PREFERRED TEST DATE PREFERED TEST LOCATION MORNIN Day Vear TEST CODE TEST NAME I you are requesting an accommodation: PREFERRED TEST LOCATION MORNIN Day Not an 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. MPORTANT 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 outlined in the Acknowledgment policy on the next page of this form. Please write, DO NOT PRINT, the following statement. I hereby agree to the conditions set forth in the 2023-24 Praxis Information Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.	Last Name – first 15 letters First Name – first 10 letters M.I.				
EMAIL ADDRESS DATE OF BIRTH SOCIAL SECURITY NUMBER DAYTIME TELEPHONE NUMBER Candidate ID (if Islanown) TEST CODE TEST CODE TEST NAME TEST CODE TEST NAME PREFERRED TEST LOCATION PREFERRED TEST LOCATION PREFERRED TEST LOCATION IMPORTANT NOTE: If you are requesting accommodation has been provided. IMPORTANT NOTE: If you are requesting 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 outlined in the Acknowledgment policy on the next page of this form. Please write, DO NOT PRINT, the following statement. 1 hereby agree to the conditions set forth in the 2023–24 Praxis Information Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.	MAILING ADDRESS: Number and Street (include apartment number)				
EMAIL ADDRESS DATE OF BIRTH SOCIAL SECURITY NUMBER DAYTIME TELEPHONE NUMBER Candidate ID (if Islanown) TEST CODE TEST CODE TEST NAME TEST CODE TEST NAME PREFERRED TEST LOCATION PREFERRED TEST LOCATION PREFERRED TEST LOCATION IMPORTANT NOTE: If you are requesting accommodation has been provided. IMPORTANT NOTE: If you are requesting 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 outlined in the Acknowledgment policy on the next page of this form. Please write, DO NOT PRINT, the following statement. 1 hereby agree to the conditions set forth in the 2023–24 Praxis Information Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.					
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DATE OF BIRTH SOCIAL SECURITY NUMBER DAYTIME TELEPHONE NUMBER Candidate ID (if known) TEST CODE TEST NAME TEST CODE TEST NAME PREFERRED TEST LOCATION PREFERRED TEST DATE PREFERRED TEST LOCATION PREFERRED TEST DATE PREFERRED TEST LOCATION IMPORTANT NOTE: If you are requesting testing accommodation 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 outlined in the Acknowledgment policy on the next page of this form. Please write, DO NOT PRINT, the following statement. I hereby agree to the conditions set forth in the 2023–24 Praxis Information Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.					
TEST CODE TEST NAME TEST CODE TEST NAME PREFERRED TEST LOCATION PREFERRED TEST LOCATION PREFERRED TEST DATE PREFERRED TEST LOCATION PREFERRED TEST DATE 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 outlined in the Acknowledgment policy on the next page of this form. Please write, DO NOT PRINT, the following statement. I hereby agree to the conditions set forth in the 2023–24 Praxis Information Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.	EMAIL ADDRESS				
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Please write, DO NOT PRINT, the following statement. I hereby agree to the conditions set forth in the 2023–24 <i>Praxis</i> Information Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.	registration form. Once your application has been received, you will be sent an email with instructions regarding payment.				
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	payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at				

TEST AUTHORIZATION VOUCHER REQUEST FORM (continued)

ACKNOWLEDGMENT

This Acknowledgment, including the Privacy Notice at *www.ets.org/legal/privacy*, contains the terms and conditions between you and Educational Testing Service ("ETS," "we," "us," "our") regarding the ETS test you are now registering for and/or the testing products and services you are now requesting (these are together referred to as "Testing Services"). It applies to all actions you take regarding the Testing Services, including creating an online account, providing survey information regarding a test that you take, requesting one of our services relating to the test and completing a test or product order and providing payment information.

Personal Information

In registering for the Testing Services, you acknowledge and agree that we have the right to obtain, collect, store, use, disclose (including to public authorities and score recipients), extract and transmit (collectively "use") the personal information you provide, including your full name, home address, email address, telephone number, social security or similar number, passport number, national ID number, gender, nationality, age, date of birth, responses to other background information questions, test administration date and details, payment information and how you specifically use our Website. This also includes our use of biometric data (including fingerprints, audio recordings, facial images and video files) provided by you in the course of your registering for and participating in the Testing Services. All of the above data is referred to as "Personal Information." Which Personal Information we hold, how we use it and how long we hold it for may be subject to legal limitations in the jurisdiction in which you receive the Testing Services. ETS strives to meet these legal requirements, and further information on how we do so is provided below.

How We Use Your Personal Information

We use your Personal Information to:

- complete any registration, purchases or other transactions you request
- · improve our products and services, and identify, develop and offer new or expanded products and services
- improve and personalize your experience on the Website, and customize the content and/or format of the pages you visit
- subject to your opting-in (see below), notify you about updates, products, services and/or special offers from ETS, its affiliates and selected third parties
- ask you to participate in brief surveys or provide other information
- generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our Website

If you agree (or have agreed) under other agreements with ETS that we may use your Personal Information in additional ways, those other agreements will not be limited by this separate Acknowledgment.

International Transfer

ETS, its Website, and its servers are located in the United States. Therefore, your information, including Personal Information, will be transferred from your location to the United States in accordance with applicable laws. It may also be transferred directly from your location or via the U.S. to other countries who provide processing services to ETS, all at the direction of ETS and in accordance with applicable laws. In accepting this Acknowledgment, you are agreeing to cross-border transfers of your information, including your Personal Information. If you do not agree to these cross-border transfers, then you should refrain from using the Website. You may have a right under applicable law to revoke your consent to the international transfer of your Personal Information. If you do so, we are unlikely to be able to continue providing the Testing Services to you.

Third-Party Disclosure

We communicate your Personal Information to certain third parties, within the jurisdiction of your location and elsewhere, with whom we have a direct or indirect business or contract relationship in order to provide you with the Testing Services you have requested. These third parties assist with various aspects of the delivery of the Testing Services, including security services and score distribution services.

Your Rights

In some instances, under applicable laws, you have the right to withdraw your consent and require us to delete your Personal Information should the lawful purposes for which we hold it cease. You may also request that we correct your Personal Information if it is incorrect, inaccurate, misleading or incomplete. To protect your privacy and security, we will take reasonable steps to verify your identity before granting access or making corrections.

If required under applicable laws, at your request and on satisfactory proof of identity (as determined by ETS), we will provide you (i) confirmation that we hold your Personal Information, (ii) details or a description of the Personal Information we hold in an intelligible form; (iii) information of how we came to hold the Personal Information, the purposes for which we are using it, and in some cases the methods and logic we use in processing the Personal Information; (iv) further corporate information regarding ETS and, in some circumstances, the other corporate entities who may process the Personal Information on behalf of ETS.

To request any of the above actions, please contact us at: Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org

You may also have the right under certain applicable laws to complain to a regulatory authority in your country if you believe we have not processed your Personal Information in compliance with applicable laws.

Further Communications

We ask you to provide your contact details, including email address, telephone and mobile phone details. We use this information so that we can quickly provide you with information (principally by way of email, telephone, SMS or other electronic means) regarding the Testing Services you have requested and to provide you with information about other testing products and services (which we will do in accordance with applicable laws). When you receive communications from us about other testing products and services, you will

TEST AUTHORIZATION VOUCHER REQUEST FORM (continued)

have the opportunity of subsequently opting-out of receiving these, and our communications will contain instructions on how to do so. Remember, however, that we may still send emails or call you in order to provide the Testing Service you have purchased or otherwise requested from us.

Governing Law

You agree that this Acknowledgment will be governed by and construed in accordance with the laws of the United States and the State of New Jersey, without regard to principles of conflict of laws.

Additional Information

This section containing additional information is of *general application*, but it is also provided for purposes of the *EU General Data Protection Regulation* when it comes into force (to the extent the Regulation is applicable to you in the context of the Testing Services): ETS Corporate Details (including contact details): Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org

Purpose and Legal Basis for Processing: To provide tests and testing services as requested, including processing for the administration of tests, such as marking and score reporting to test takers and nominated score recipients.

Legitimate Interests relied upon: ETS requires your Personal Information for purposes of administering educational tests and providing these tests in a secure manner so that test takers receive accurate results and test qualifications are recognized by intended score recipients.

International Transfers: Data will be transferred to data processors engaged by ETS in various jurisdictions outside of the EEA, depending on the particular Testing Services requested. These transfers are made in accordance with the acknowledgment you have given above and intercompany and third party transfer agreements, in accordance with applicable laws.

Personal Information: Personal Information is generally held for 5 years from the date of its submission. This period may be extended by ETS if the score for the Testing Service you require remains valid for a longer period (which information is usually contained in your testing result information), if the Testing Service you have requested is being reviewed or if our legitimate interest in retaining your Personal Information remains in place. It also may be shorter if we no longer require your Personal Information (for example, if you have expressed interest in a test but have not taken one). You may contact us at etsinfo@ets.org if you require further information.

Data Subject Rights: In addition to the rights described above, you may have data portability rights. For security reasons, most testing organizations will require that Personal Information be obtained directly from you and this may limit the usefulness of your data portability rights.

Supervisory Body: Please contact the national data processing authority in the jurisdiction in which you receive the Testing Services. *For Hong Kong residents only*: Subject to applicable laws regarding our use of your Personal Information, we will not use your Personal Information if we do not reasonably believe that such use is in your interests. In order for us to supply you with the Testing Services, you must supply us with your Personal Information to complete any registration, purchase or other transaction you request online and/or perform any of our other contractual obligations to you which requires us to have the Personal Information.

For Australian residents only: please be informed that if you agree to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates' use of such data outside of Australia does not breach the Australian Privacy Principles.

For Canadian residents only: This is the notification that ETS is required to provide to Canadian residents. Please see above regarding International Data Transfers. Where we transfer Personal Data to third parties we contractually require third parties to have a written procedures in place that comply with the requirements of the applicable privacy laws in Canada.

For Singapore residents only: In connection with the transfer of your Personal Information outside of Singapore, ETS believes that the laws of the recipient country of your Personal Information will provide a standard of protection comparable to the applicable laws of Singapore.

Contact Information

If you have questions or requests concerning our use of your Personal Information, you should contact: etsinfo@ets.org.

By indicating "Accept," you expressly and voluntarily acknowledge and agree to the terms and conditions above, particularly those relating to our use of biometric data and the international transfer of Personal Information.¹

If you are a minor as determined by applicable law <u>and</u> living outside of the United States, to the extent required by applicable law, the person clicking "Accept" must be a parent or guardian.

TEST AUTHORIZATION VOUCHER REQUEST FORM



If you would like to pay for your test registration with a credit/debit card or PayPal, and are not requesting testing accommodations, you do not need to fill out this form. You may register online.

☐ Check here if you are paying by check or money order and are not requesting testing accommodations.
☐ Check here if you are requesting testing accommodations.
PLEASE PRINT ALL INFORMATION CALLED FOR BELOW.
NAME: Print your last name, first name, and middle initial.
Last Name – first 15 letters First Name – first 10 letters M.I.
MAILING ADDRESS: Number and Street (include apartment number)
Paristic Publicos, remiser and otree (include againment number)
City State Zip Code (U.S. only) Country Code (Outside U.S. & P.R. only)
Colonia Co. a int only
EMAIL ADDRESS
DATE OF BIRTH SOCIAL SECURITY NUMBER DAYTIME TELEPHONE NUMBER Candidate ID (if known)
Month Day Year
PREFERRED TEST DATE PREFERRED TEST LOCATION
SLS TEST FEES Please check the appropriate box for the test(s) you are planning to take.
\$425 School Leaders Licensure Assessment
 □ \$350 School Superintendent Assessment □ \$120 Connecticut Administrator Test
\$120 Connecticut Administrator Test
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 outlined in the Acknowledgment on the next page of this form.
Please write, DO NOT PRINT, the following statement.
☐ I hereby agree to the conditions set forth in the 2023–24 <i>School Leadership Series Assessment Information Bulletin</i> , specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

TEST AUTHORIZATION VOUCHER REQUEST FORM (continued)

ACKNOWLEDGMENT

This Acknowledgment, including the Privacy Notice at *www.ets.org/legal/privacy*, contains the terms and conditions between you and Educational Testing Service ("ETS," "we," "us," "our") regarding the ETS test you are now registering for and/or the testing products and services you are now requesting (these are together referred to as "Testing Services"). It applies to all actions you take regarding the Testing Services, including creating an online account, providing survey information regarding a test that you take, requesting one of our services relating to the test and completing a test or product order and providing payment information.

Personal Information

In registering for the Testing Services, you acknowledge and agree that we have the right to obtain, collect, store use, disclose (including to public authorities and score recipients), extract and transmit (collectively "use") the personal information you provide, including your full name, home address, email address, telephone number, social security or similar number, passport number, national ID number, gender, nationality, age, date of birth, responses to other background information questions, test administration date and details, payment information and how you specifically use our Website. This also includes our use of biometric data (including fingerprints, audio recordings, facial images and video files) provided by you in the course of your registering for and participating in the Testing Services. All of the above data is referred to as "Personal Information." Which Personal Information we hold, how we use it and how long we hold it for may be subject to legal limitations in the jurisdiction in which you receive the Testing Services. ETS strives to meet these legal requirements, and further information on how we do so is provided below.

How We Use Your Personal Information

We use your Personal Information to:

- complete any registration, purchases or other transactions you request
- improve our products and services, and identify, develop and offer new or expanded products and services
- improve and personalize your experience on the Website, and customize the content and/or format of the pages you visit
- subject to your opting-in (see below), notify you about updates, products, services and/or special offers from ETS, its affiliates and selected third parties
- ask you to participate in brief surveys or provide other information
- generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our Website

If you agree (or have agreed) under other agreements with ETS that we may use your Personal Information in additional ways, those other agreements will not be limited by this separate Acknowledgment.

International Transfer

ETS, its Website, and its servers are located in the United States. Therefore, your information, including Personal Information, will be transferred from your location to the United States in accordance with applicable laws. It may also be transferred directly from your location or via the U.S. to other countries who provide processing services to ETS, all at the direction of ETS and in accordance with applicable laws. In accepting this Acknowledgment, you are agreeing to cross-border transfers of your information, including your Personal Information. If you do not agree to these cross-border transfers, then you should refrain from using the Website. You may have a right under applicable law to revoke your consent to the international transfer of your Personal Information. If you do so, we are unlikely to be able to continue providing the Testing Services to you.

Third-Party Disclosure

We communicate your Personal Information to certain third parties, within the jurisdiction of your location and elsewhere, with whom we have a direct or indirect business or contract relationship in order to provide you with the Testing Services you have requested. These third parties assist with various aspects of the delivery of the Testing Services, including security services and score distribution services.

Your Rights

In some instances, under applicable laws, you have the right to withdraw your consent and require us to delete your Personal Information should the lawful purposes for which we hold it cease. You may also request that we correct your Personal Information if it is incorrect, inaccurate, misleading or incomplete. To protect your privacy and security, we will take reasonable steps to verify your identity before granting access or making corrections.

If required under applicable laws, at your request and on satisfactory proof of identity (as determined by ETS), we will provide you (i) confirmation that we hold your Personal Information, (ii) details or a description of the Personal Information we hold in an intelligible form; (iii) information of how we came to hold the Personal Information, the purposes for which we are using it, and in some cases the methods and logic we use in processing the Personal Information; (iv) further corporate information regarding ETS and, in some circumstances, the other corporate entities who may process the Personal Information on behalf of ETS.

To request any of the above actions, please contact us at: Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org

You may also have the right under certain applicable laws to complain to a regulatory authority in your country if you believe we have not processed your Personal Information in compliance with applicable laws.

TEST AUTHORIZATION VOUCHER REQUEST FORM (continued)

Further Communications

We ask you to provide your contact details, including email address, telephone and mobile phone details. We use this information so that we can quickly provide you with information (principally by way of email, telephone, SMS or other electronic means) regarding the Testing Services you have requested and to provide you with information about other testing products and services (which we will do in accordance with applicable laws). When you receive communications from us about other testing products and services, you will have the opportunity of subsequently opting-out of receiving these, and our communications will contain instructions on how to do so. Remember, however, that we may still send emails or call you in order to provide the Testing Service you have purchased or otherwise requested from us.

Governing Law

You agree that this Acknowledgment will be governed by and construed in accordance with the laws of the United States and the State of New Jersey, without regard to principles of conflict of laws.

Additional Information

This section containing additional information is of *general application*, but it is also provided for purposes of the *EU General Data Protection Regulation* when it comes into force (to the extent the Regulation is applicable to you in the context of the Testing Services): ETS Corporate Details (including contact details): Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org

Purpose and Legal Basis for Processing: To provide tests and testing services as requested, including processing for the administration of tests, such as marking and score reporting to test takers and nominated score recipients.

Legitimate Interests relied upon: ETS requires your Personal Information for purposes of administering educational tests and providing these tests in a secure manner so that test takers receive accurate results and test qualifications are recognized by intended score recipients.

International Transfers: Data will be transferred to data processors engaged by ETS in various jurisdictions outside of the EEA, depending on the particular Testing Services requested. These transfers are made in accordance with the acknowledgment you have given above and intercompany and third party transfer agreements, in accordance with applicable laws.

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Supervisory Body: Please contact the national data processing authority in the jurisdiction in which you receive the Testing Services.

For Hong Kong residents only: Subject to applicable laws regarding our use of your Personal Information, we will not use your Personal Information if we do not reasonably believe that such use is in your interests. In order for us to supply you with the Testing Services, you must supply us with your Personal Information to complete any registration, purchase or other transaction you request online and/or perform any of our other contractual obligations to you which requires us to have the Personal Information.

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Contact Information

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¹ If you are a minor as determined by applicable law and living outside of the United States, to the extent required by applicable law, the person clicking "Accept" must be a parent or guardian.

