TEST-ADD REQUEST FORM
FOR PAPER-BASED TESTING

Mail to: **Illinois Certification Testing System**
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9000

- Use this form ONLY if you wish to add one or more tests to the test administration for which you are already registered. Note that only the Basic Skills and Assessment of Professional Teaching (APT) tests are available at the January 9, 2010, test administration; no other tests can be added to registrations for this test date.
- You may also add a test on the Internet at **www.icts.nesinc.com**. You will be required to provide personal identification information when you submit a test-add request on the Internet (see "Changing Your Registration").
- This form must be received by 5:00 p.m. central time on the late registration deadline for the test date indicated in Section 6.

1. Name

Last | First | Middle Initial

2. Address ☐ Check here if address is different from address on original registration.

P.O. Box or Street Address

City or Town | State | ZIP Code

3. Social Security Number

4. Date of Birth

Month Day Year

5. Telephone Numbers

Daytime — Area Code

Evening — Area Code

6. Test date for which you originally registered (check one date). (Do not use this form to change the test date. You must use a Change of Registration Request Form for that purpose.)

☐ September 12, 2009 ☐ November 14, 2009 ☐ January 9, 2010 (supplemental Basic Skills and APT test administration)

☐ February 13, 2010 ☐ April 17, 2010 ☐ June 5, 2010 ☐ July 17, 2010

7. Test(s) to be added (see "Test Selection" for the correct test code[s] and for guidelines about permissible test combinations).

Test Code ___ Test Name _____

Test Code ___ Test Name _____

Test Code ___ Test Name _____

8. Indicate the total fee enclosed (see below): $ ☐☐☐

Test fees for added tests are as follows:

Basic Skills test	$60
Assessment of Professional Teaching (APT) tests	$60 each
Content-area tests (except for the following special education tests)	$60 each
Learning Behavior Specialist I (155)	$30
Special Education General Curriculum Test (163)	$30
Speech-Language Pathologist: Teaching (153)	$30
Teacher of Students Who Are Blind or Visually Impaired (150)	$30
Teacher of Students Who Are Deaf or Hard of Hearing (151)	$30
Foreign language content-area tests	$60 each
Learning Behavior Specialist II (LBS II) tests	$60 each
Tests for removal of a Learning Behavior Specialist I (LBS I) Limitation only	$60 each
Language proficiency tests for the Transitional Bilingual Certificate	$60 each

Payment may be made by credit card (VISA or MasterCard only) or by personal check, cashier's check, or money order payable to **Evaluation Systems**. Do not send cash.

9. Credit Card Payment (Complete this section ONLY if you are paying by credit card.)

Fees for added tests may be paid using a credit card (VISA or MasterCard only) or a debit or check card that carries the VISA or MasterCard logo and that can be used without the entry of a personal identification number (PIN).

A. To pay by credit card, enter your credit card number in the boxes provided:

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B. Enter the expiration date on your credit card: _____ (Month) _____ (Year)

C. Print the cardholder's name exactly as it appears on the card: _____

D. Signature for credit card: _____
(I agree to pay the above amount according to the card issuer agreement.)

Your credit card will be billed for the amount of all services you have requested on this form, as well as any outstanding balance owed by you to Evaluation Systems, if applicable. You agree to pay for all such services and outstanding balances in the event your credit card company does not.

10. I have read the 2009–2010 ICTS Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I understand that incomplete, inaccurate, or missing information on the form may delay or jeopardize my registration. Also, I understand that this Test-Add Request Form for Paper-Based Testing **must be received** by Evaluation Systems by the late registration deadline for the test date for which I am registered.

_____ Signature

_____ Date

THIS FORM WILL BE RETURNED TO YOU UNPROCESSED IF IT IS RECEIVED AFTER THE LATE REGISTRATION DEADLINE FOR THE TEST DATE INDICATED IN SECTION 6, IS NOT SIGNED, OR IS NOT ACCOMPANIED BY THE PROPER PAYMENT.

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