

## 2010–11 PAPER-DELIVERED TEST REGISTRATION FORM AND BACKGROUND INFORMATION QUESTIONNAIRE

This form can be downloaded at [www.ets.org/praxis](http://www.ets.org/praxis).

**Register online at [www.ets.org/praxis](http://www.ets.org/praxis). It's fast and easy!**

Completing this form and submitting it with payment will register you for a paper-delivered *Praxis*™ test. If you have previously registered for a *Praxis* test, you can register by phone. *The Praxis Series™ Information Bulletin*, registration instructions, and fees are available on the *Praxis* website at [www.ets.org/praxis](http://www.ets.org/praxis). **Note: This form can only be used to register for paper-delivered *Praxis* tests. To register for a computer-delivered *Praxis I* or *Praxis II* go to [www.ets.org/praxis](http://www.ets.org/praxis) or call Prometric Candidate Services at 1-800-853-6773.**

- Print all information clearly in **black ink**.
- **If you are paying with a paper check, mail the completed form and check payment to:**  
ETS—The Praxis Series  
PO Box 382065  
Pittsburgh, PA 15251-8065
- **If you are paying by credit/debit card, mail the completed form and credit/debit payment to:**  
ETS—The Praxis Series  
PO Box 6051  
Princeton, NJ 08541-6051
- **Test Takers with Disabilities:** Complete this form and follow the instructions at [www.ets.org/praxis/prxdsabl.html](http://www.ets.org/praxis/prxdsabl.html).
- Be sure to complete all four pages, and staple the completed form before mailing.

**First (Given) Name** (as on photo ID document):  **Middle Initial:**

**Last (Family/Surname) Name** (as on photo ID document):

**Address:**

**City:**

**State or Province:**  **Zip or Postal Code:**  -  **Country Code:** (refer to [www.ets.org/praxis](http://www.ets.org/praxis))

**Daytime Phone/Mobile Phone** (Include Area Code):  -  -  **U.S. Social Security #:** (optional\*)  -  -

**Gender:** **Male**  **Female**  **Date of Birth:** **MM**   **DD**   **YY**

\*Some states require a social security number (SSN) in order to process teacher certification paperwork. Check your state's requirements at [www.ets.org/praxis](http://www.ets.org/praxis). ETS does not require your SSN for its own purposes but will submit it to your state agency if provided. Failure to provide your SSN could delay your state's processing of your certification application.

**E-Mail Address:**

**You MUST provide a valid e-mail address in order 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 since October 1993, your candidate ID number can be found on your score report. Otherwise, leave this area blank.**

**TEST DATE** – Select only one test date. **A separate registration form is required for each date.**

September 18, 2010                       March 12, 2011                       June 11, 2011  
 November 13, 2010                       April 30, 2011                       July 23, 2011  
 January 15, 2011

**TEST CENTER** – Select your first- and second-choice test centers. Enter the test center's five-digit code and print the name and location of each center in the appropriate spaces. Test center codes are available on the *Praxis* website at [www.ets.org/praxis](http://www.ets.org/praxis).

<b>First Choice:</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<b>Test Center Name:</b>	<input style="width: 95%; border: none;" type="text"/>
		<b>City:</b>	<input style="width: 95%; border: none;" type="text"/>
		<b>State/Province:</b>	<input style="width: 95%; border: none;" type="text"/>
<b>Second Choice:</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<b>Test Center Name:</b>	<input style="width: 95%; border: none;" type="text"/>
		<b>City:</b>	<input style="width: 95%; border: none;" type="text"/>
		<b>State/Province:</b>	<input style="width: 95%; border: none;" type="text"/>

FOR ETS USE ONLY				
Number and Street: <input style="width: 90%; border: none;" type="text"/>	F <input style="width: 20px; border: none;" type="text"/>	S <input style="width: 20px; border: none;" type="text"/>		
(Apt. #, if any)	N <input style="width: 20px; border: none;" type="text"/>	P <input style="width: 20px; border: none;" type="text"/>		
City: <input style="width: 80%; border: none;" type="text"/> State: <input style="width: 20%; border: none;" type="text"/> Zip: <input style="width: 40%; border: none;" type="text"/>	M <input style="width: 20px; border: none;" type="text"/>			

**TEST SESSION/TEST SELECTIONS**

Each session is two hours long (except for Teaching Foundations Exams (TFE), which are four hours). For each session, you may select a 2-hour test or one or two 1-hour tests. Test/Session codes are available on the *Praxis* website at [www.ets.org/praxis](http://www.ets.org/praxis). For each test, enter the last three 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.) **Note: This form cannot be used for computer-delivered tests.**

<p><b>Session 1:</b></p> <p style="text-align: center;"><b>2-hour test</b></p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p>Test Name (2-hour): _____</p>	1	0				OR	<p style="text-align: center;"><b>1-hour test</b></p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p>Test Name (1-hour): _____</p>	1	0				<p style="text-align: center;"><b>1-hour test</b></p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p>Test Name (1-hour): _____</p>	1	0			
1	0																	
1	0																	
1	0																	
<p><b>Session 2:</b></p> <p style="text-align: center;"><b>2-hour test</b></p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p>Test Name (2-hour): _____</p>	2	0				OR	<p style="text-align: center;"><b>1-hour test</b></p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p>Test Name (1-hour): _____</p>	2	0				<p style="text-align: center;"><b>1-hour test</b></p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p>Test Name (1-hour): _____</p>	2	0			
2	0																	
2	0																	
2	0																	

**SCORE RECIPIENTS** – Attending Institution and Recipient codes are available on the *Praxis* website at [www.ets.org/praxis](http://www.ets.org/praxis). 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 them 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 them as a Designated Score Recipient.

A				
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ETS USE ONLY	P				
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**Designated Score Recipient(s):**

Recipients to receive score reports and passing status information:

**Number 1**

R				
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**Number 2**

R				
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**Number 3**

R				
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**Other Passing Score Information:**

Indicate any other state/agency for which you would like to receive passing score information. State/Agency codes are available on the *Praxis* website at [www.ets.org/praxis](http://www.ets.org/praxis). Enter the code in the box below.

State/Agency Passing Score Information:

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**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 [www.ets.org/praxis](http://www.ets.org/praxis). Enter the code(s) in the boxes below.

	<b>Undergraduate</b>	<b>Graduate</b>						
<b>Major Field:</b>	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></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 [www.ets.org/praxis](http://www.ets.org/praxis). Enter the code(s) in the boxes below.

	<b>Field 1</b>	<b>Field 2</b>						
<b>Certification Field:</b>	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></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.  English only
2.  English and another language
3.  Another language only

**d.** For which language other than English do you consider yourself proficient? (select all that apply)

1.  English only
2.  Spanish
3.  Chinese
4.  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.  Currently
2.  Formerly
3.  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.  Yes
2.  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 *Bulletin* for further information.)**

		AMOUNT
Number of Pre-Professional Skills Tests (PPST) .....	_____ X \$40 =	\$ _____
Number of \$65 Subject Assessments .....	_____ X \$65 =	\$ _____
Number of \$80 Subject Assessments .....	_____ X \$80 =	\$ _____
Number of \$90 Subject Assessments .....	_____ X \$90 =	\$ _____
Number of \$95 Subject Assessments .....	_____ X \$95 =	\$ _____
Teaching Foundations Exams (TFE) .....	\$115	\$ _____
Principles of Learning and Teaching test .....	\$90	\$ _____
Registration Fee (charged once per testing year, September 1 – August 31) .....	\$50	\$ _____
Late Registration Fee .....	\$45	\$ _____
<b>Note: See the <i>Praxis</i> website for information on Emergency Registration if you missed the Regular and Late Registration deadlines. This form CANNOT be used for Emergency Registration.</b>		
<b>(A) TEST FEE TOTAL</b>		\$ _____

**SURCHARGES AND TAXES (Note: Surcharges do not apply to Pre-Professional Skills Tests.)**

		AMOUNT
Examinees testing in Nevada centers only: Number of tests .....	_____ X \$5 =	\$ _____
<b>(B) SURCHARGE FEE TOTAL</b>		\$ _____
<b>TOTAL FEES (A + B)</b>		= \$ _____
In Canada, add GST/HST and QST to total remittance.		
	GST/HST Reg. #131414468 RT	\$ _____
	QST Reg. #1087967545	\$ _____
	Add Value Added or similar taxes where applicable	\$ _____
	Minus voucher	\$ _____
<b>TOTAL AMOUNT DUE</b>		\$ _____

**PAYMENT**

Enclose a check or money order payable to ETS–The Praxis Series or provide credit/debit card information below. The amount of the check must agree with the “Total Amount Due” entered above. By sending your check to us, you authorize ETS to convert the check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment, and you will not receive a canceled check. If you do not have sufficient funds in your account, you will be charged an additional service fee of \$20. **DO NOT SEND CASH.** If we receive your registration **AFTER** the Late Registration deadline, funds **WILL** still be withdrawn from your account.

**If your registration form is received AFTER the Late Registration deadline date for the test date you are registering for, please indicate what action you would like ETS to take by selecting one of the following options.**

- Transfer my registration to the next available test date in the 2010–11 testing year.
- Return my registration and refund my fees. If you paid by check or money order, your refund will be sent to the address provided on this form.

If you prefer to provide credit/debit card information to pay, indicate which card you are using:  American Express®  Discover®  JCB®  MasterCard®  VISA®, and enter your card number and expiration date below. Your credit/debit card account will be billed for all services you request on this form.

**Note:** Any debit/check card branded with one of the five accepted credit card logos can be processed. When using your credit card, please do NOT mail this form to the address listed on page 1. Please mail to: ETS–The Praxis Series, PO Box 6051, Princeton, NJ 08541-6051.

Credit/Debit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Month      Year

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

I hereby agree to the conditions set forth in *The Praxis Series 2010–11 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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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"/>
_____   _____