



**TEST SESSION/TEST SELECTIONS**

Each session is two hours long (except for Teaching Foundations tests, which are four hours). For each session, you may select a 2-hour test or one or two 1-hour tests. (For **Test/Session codes**, visit the Praxis Web site 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 Computerized PPST tests.**

<p><b>Session 1:</b></p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="text-align: center; margin-right: 10px;"> <p><b>2-hour test</b></p> <table border="1" style="border-collapse: collapse; width: 100px; height: 25px;"> <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> </div> <div style="margin: 0 10px;">OR</div> <div style="text-align: center; margin-right: 10px;"> <p><b>1-hour test</b></p> <table border="1" style="border-collapse: collapse; width: 100px; height: 25px;"> <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> </div> <div style="text-align: center;"> <p><b>1-hour test</b></p> <table border="1" style="border-collapse: collapse; width: 100px; height: 25px;"> <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> </div> </div> <p>Test Name (2-hour): _____</p> <p>Test Name (1-hour): _____</p> <p>Test Name (1-hour): _____</p>	1	0				1	0				1	0				<p><b>Session 2:</b></p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="text-align: center; margin-right: 10px;"> <p><b>2-hour test</b></p> <table border="1" style="border-collapse: collapse; width: 100px; height: 25px;"> <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> </div> <div style="margin: 0 10px;">OR</div> <div style="text-align: center; margin-right: 10px;"> <p><b>1-hour test</b></p> <table border="1" style="border-collapse: collapse; width: 100px; height: 25px;"> <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> </div> <div style="text-align: center;"> <p><b>1-hour test</b></p> <table border="1" style="border-collapse: collapse; width: 100px; height: 25px;"> <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> </div> </div> <p>Test Name (2-hour): _____</p> <p>Test Name (1-hour): _____</p> <p>Test Name (1-hour): _____</p>	2	0				2	0				2	0				<p><b>Session 3:</b></p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="text-align: center; margin-right: 10px;"> <p><b>2-hour test</b></p> <table border="1" style="border-collapse: collapse; width: 100px; height: 25px;"> <tr> <td style="width: 20px; text-align: center;">3</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> </div> <div style="margin: 0 10px;">OR</div> <div style="text-align: center; margin-right: 10px;"> <p><b>1-hour test</b></p> <table border="1" style="border-collapse: collapse; width: 100px; height: 25px;"> <tr> <td style="width: 20px; text-align: center;">3</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> </div> <div style="text-align: center;"> <p><b>1-hour test</b></p> <table border="1" style="border-collapse: collapse; width: 100px; height: 25px;"> <tr> <td style="width: 20px; text-align: center;">3</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> </div> </div> <p>Test Name (2-hour): _____</p> <p>Test Name (1-hour): _____</p> <p>Test Name (1-hour): _____</p>	3	0				3	0				3	0			
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For **Attending Institution/Recipient codes**, visit the Praxis Web site 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 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:**

College where you received training relevant to the test:

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				
---	--	--	--	--

**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. (For **State/Agency codes**, visit the Praxis Web site 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)? (For **Major and Certification Field codes**, visit the Praxis Web site 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; width: 60px; height: 25px;"> <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; width: 60px; height: 25px;"> <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. (For **Major and Certification Field codes**, visit the Praxis Web site 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; width: 60px; height: 25px;"> <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; width: 60px; height: 25px;"> <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 (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  |

**b.** What is your best language of communication?

- |                                     |  |
|-------------------------------------|--|
| 1. <input type="checkbox"/> English | 2. <input type="checkbox"/> Another language |
|-------------------------------------|--|

**c.** What language(s) did you first learn as a child?

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> English only | 2. <input type="checkbox"/> English and another language | 3. <input type="checkbox"/> Another language only |
|--|--|---|

**\*d.** What is the highest education level you have attained?

- |   |  |  |
|---|--|--|
| 1. <input type="checkbox"/> Freshman (first year)   | 4. <input type="checkbox"/> Senior (fourth or final year)                    | 7. <input type="checkbox"/> Earned master's degree                         |
| 2. <input type="checkbox"/> Sophomore (second year) | 5. <input type="checkbox"/> Earned bachelor's degree                         | 8. <input type="checkbox"/> Earned master's degree plus additional credits |
| 3. <input type="checkbox"/> Junior (third year)     | 6. <input type="checkbox"/> Earned bachelor's degree plus additional credits | 9. <input type="checkbox"/> Earned doctoral degree                         |

**e.** 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 |

**\*f.** 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  |

**g.** Indicate the highest level of education completed by your father or male guardian.

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Some high school or less     | 5. <input type="checkbox"/> Bachelor's degree                    |
| 2. <input type="checkbox"/> High school diploma          | 6. <input type="checkbox"/> Some graduate or professional school |
| 3. <input type="checkbox"/> Some postsecondary education | 7. <input type="checkbox"/> Graduate or professional degree      |
| 4. <input type="checkbox"/> Associate degree             | 8. <input type="checkbox"/> Unknown                              |

**h.** Indicate the highest level of education completed by your mother or female guardian.

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Some high school or less     | 5. <input type="checkbox"/> Bachelor's degree                    |
| 2. <input type="checkbox"/> High school diploma          | 6. <input type="checkbox"/> Some graduate or professional school |
| 3. <input type="checkbox"/> Some postsecondary education | 7. <input type="checkbox"/> Graduate or professional degree      |
| 4. <input type="checkbox"/> Associate degree             | 8. <input type="checkbox"/> Unknown                              |

**i.** Is either of your parents in the education profession?

- |                                 |                                |
|---------------------------------|--------------------------------|
| 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

**j.** What was your most recent full-time occupation?

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Student                         | 8. <input type="checkbox"/> Managerial              |
| 2. <input type="checkbox"/> Food service                    | 9. <input type="checkbox"/> Self-employed           |
| 3. <input type="checkbox"/> Maintenance                     | 10. <input type="checkbox"/> School aide            |
| 4. <input type="checkbox"/> Truck driver                    | 11. <input type="checkbox"/> Teacher                |
| 5. <input type="checkbox"/> Technician                      | 12. <input type="checkbox"/> Professional/executive |
| 6. <input type="checkbox"/> Clerical/administrative support | 13. <input type="checkbox"/> Other                  |
| 7. <input type="checkbox"/> Sales/retail                    | 14. <input type="checkbox"/> None                   |

**k.** Are you or have you ever been enrolled in a teacher education program?

- |                                       |                                      |                                   |
|---------------------------------------|--------------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> Currently | 2. <input type="checkbox"/> Formerly | 3. <input type="checkbox"/> Never |
|---------------------------------------|--------------------------------------|-----------------------------------|

**l.** Your teaching status is:

- |   |
|---|
| 1. <input type="checkbox"/> Planning to enroll or currently enrolled in a teacher education program |
| 2. <input type="checkbox"/> Recently graduated and expect to begin teaching in the near future      |
| 3. <input type="checkbox"/> 1 to 3 years teaching experience  |
| 4. <input type="checkbox"/> More than 3 years teaching experience                                   |
| 5. <input type="checkbox"/> Not planning to teach at this time                                      |

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

Name: \_\_\_\_\_

**TEST FEES (See Bulletin for explanation.)**

	AMOUNT
Number of Pre-Professional Skills Tests (PPST).....	_____ X \$35. = \$ _____
Number of \$60 Subject Assessment/Specialty Area tests.....	_____ X \$60. = \$ _____
Number of \$75 Subject Assessment/Specialty Area tests.....	_____ X \$75. = \$ _____
Number of \$85 Subject Assessment/Specialty Area tests.....	_____ X \$85. = \$ _____
Number of \$90 Subject Assessment/Specialty Area tests.....	_____ X \$90. = \$ _____
Teaching Foundations Tests.....	\$115. = \$ _____
Principles of Learning and Teaching test.....	\$85. = \$ _____
Registration Fee.....	\$40. = + \$ 40. _____
Late Fee.....	\$40. = \$ _____
Standby Fee.....	\$65. = \$ _____
<b>(A) TEST FEE TOTAL = \$ _____</b>	

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

	AMOUNT
Examinees testing in Louisiana centers only: Number of tests.....	_____ X \$7.00. = \$ _____
Examinees testing in Nevada centers only: Number of tests.....	_____ X \$5.00 = \$ _____
<b>(B) SURCHARGE FEE TOTAL = \$ _____</b>	
<b>TOTAL FEES (A + B) = \$ _____</b>	
In Canada, add GST/HST 13141 4468 RT to total	= \$ _____
In Quebec, add QST to GST total	= \$ _____
Minus voucher	= - \$ _____
<b>TOTAL AMOUNT DUE = \$ _____</b>	

Enclose a check or money order payable to ETS-The Praxis Series or provide credit 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 no longer receive a cancelled check. **DO NOT SEND CASH.**

If paying by credit card, indicate which card you are using:  American Express  Discover Network  JCB  MasterCard  VISA, and enter your card number and expiration date below. Your credit card account will be billed for all services you request on this form.

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

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

I hereby agree to the conditions set forth in the *Registration Bulletin* and certify that I am the person whose name and address appear on this registration form. I agree to maintain the confidentiality of all test questions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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"/>
_____   _____