

2019–20 PAPER-DELIVERED TEST REGISTRATION FORM AND BACKGROUND INFORMATION QUESTIONNAIRE

This form is to be completed if you are registering for a paper-delivered *Praxis*® test or a Special Administration. **To register for a computer-delivered *Praxis* test and the Braille Proficiency Assessment (0633), go to www.ets.org/praxis/register.**

- Print all information clearly in **black ink**.
- **If you are paying with a paper check, mail the completed form and check payment to:**
ETS–Praxis
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–Praxis
PO Box 6051
Princeton, NJ 08541-6051
- Be sure to complete all pages, and staple the completed form before mailing.
- For the *Praxis ASL Assessment*, please go to <https://www.ets.org/praxis/states> and select a state to determine if the state uses the ASL test and to get the address to send registration forms and payment.

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)

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. 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 to access your test scores. PAPER SCORE REPORTS WILL NO LONGER BE MAILED TO YOU.

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

TEST CENTER – For the *Praxis ASL Assessment*, please print the the name of the state in which you are looking to qualify for an ASL educator license. **For a Special Administration request, please print the City and State you would like to test in.**

First Choice: **Test Center Name:** _____
City: _____
State/Province: _____

Second Choice: **Test Center Name:** _____
City: _____
State/Province: _____

FOR ETS USE ONLY				
Number and Street: _____ <div style="text-align: right; font-size: small;">(Apt. #, if any)</div>	F _____	S _____		
City: _____ State: _____ ZIP: _____	N _____	P _____		
	M _____			

TEST DATE

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

Test Date: ____/____/____
Month/Day/Year

TEST SELECTIONS

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

Four-digit test code

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

Attending Institution:

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

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Designated Score Recipient(s):

Recipients to receive score reports and passing status information:

Number 1	Number 2	Number 3	Number 4																
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Other Passing Score Information:

To view passing score information for other states or agencies, please visit www.ets.org/praxis/states.

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/register/codes. Enter the code(s) in the boxes below.

	Undergraduate	Graduate						
Major Field:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 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/register/codes. Enter the code(s) in the boxes below.

	Field 1	Field 2						
Certification Field:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 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 |
| | 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.

Name: _____

TEST FEES (See www.ets.org/praxis for further information.)

AMOUNT

Assessment of Signed Communication – American Sign Language \$146 \$ _____

Special Administration

Number of Selected-Response Subject Assessments* X \$120 = \$ _____

Number of Selected-Response/Constructed-Response Subject Assessments* X \$146 = \$ _____

Number of Constructed-Response Subject Assessments* X \$146 = \$ _____

Other Subject Assessments X \$ _____ = \$ _____

***To determine whether your test contains selected-response questions, constructed-response questions, or both, please visit www.ets.org/praxis/about/fees.**

(A) TEST FEE TOTAL \$ _____

AMOUNT

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

(B) SURCHARGE FEE TOTAL \$ _____

TOTAL FEES (A + B) = \$ _____

Add taxes where applicable \$ _____

Minus voucher (if applicable) \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT

Enclose a check or money order payable to ETS–Praxis 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 Extended Registration deadline, funds **WILL** still be withdrawn from your account. When using your paper check, mail to: ETS–Praxis, PO Box 382065, Pittsburgh, PA 15251-8065.

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, mail to: ETS–Praxis, PO Box 6051, Princeton, NJ 08541-6051.

Credit/Debit Card Number: _____ Expiration Date: _____
Month Year

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

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

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

Signature: _____ Date: _____

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 US 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 paragraph 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

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.

FOR ETS USE ONLY		
(C)	(V)	(IP)
_____ ____	_____ ____	_____ ____

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