

# Certification of Documentation

For Test Takers Whose Primary Language Is Not English



If paying by paper check or money order, mail to:

ETS—SLS

Box 382065

Pittsburgh, PA 15251-8065

If paying via credit or debit card, mail to:

ETS—SLS

P.O. Box 6051

Princeton, NJ 08541-6051

If you have previously registered and your request for accommodations has been approved by ETS, you need to submit the PLNE Eligibility Form on *page 36*. See “If Your Primary Language Is Not English” on *pages 11–12* for more information.

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL AND SENT TO ETS WITH THE TEST TAKER’S ELIGIBILITY FORM, TEST AUTHORIZATION VOUCHER REQUEST FORM, AND TEST FEES.

**DO NOT MAIL THIS FORM SEPARATELY TO ETS.**

**Complete and sign. Cross out material within brackets that does not apply.**

1. I, \_\_\_\_\_, am [a qualified ESL teacher/coordinator, foreign language department supervisor/chairperson, or other appropriate professional (specify) \_\_\_\_\_] at \_\_\_\_\_ (Name of Institution). I have held that position since \_\_\_\_\_ (Date).
2. I have worked with and/or reviewed pertinent documentation about \_\_\_\_\_ (Name of Test Taker). I certify that English is not the test taker’s primary language. The test taker’s primary language is \_\_\_\_\_.
3. The test taker is taking one or more SLS tests to meet the requirements of \_\_\_\_\_ (Institution/State/Agency). The score recipient code is \_\_\_\_\_.
4. In the event Educational Testing Service (ETS) requests a copy of the documentation described above, I promise to send ETS, for its consideration, any information pertinent to establishing the need for these accommodations (pursuant to the test taker’s permission on the Eligibility Form) sufficiently in advance of the test administration date in question to permit complete processing.

\_\_\_\_\_ Date

\_\_\_\_\_ Name

**Attach Business Card OR School Seal OR School Stamp Below**

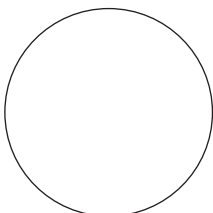
\_\_\_\_\_ Signature\*

Business Card

\_\_\_\_\_ Title

\_\_\_\_\_ Institution

School Seal or School Stamp



\_\_\_\_\_ Telephone and/or TDD/TTY Number

\_\_\_\_\_ Fax Number

\_\_\_\_\_ Email

\* Must be original signature. Photocopy of signature or stamped signature will not be accepted. A business card or school seal or school stamp must be affixed to this form.