

***Independent Test Administrator Certification Form  
Institution Registration Form for ATB***

(required only of institutions that do not qualify as having assessment centers)

**Personal information of proposed independent test administrator:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home phone include area code: \_\_\_\_\_ Office phone: \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax number: \_\_\_\_\_  
# years of post-secondary education: \_\_\_\_\_ highest degree earned \_\_\_\_\_

**Institutional information:**

Name of institution(s) for which you will be administering the CELSA or LPAT for ATB:  
(make copies of this form if testing at more than one school is proposed):

Name of school: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary institution contact to whom ATB results will be sent:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

If using "paper/pencil" tests, I understand that I will administer the CELSA or LPAT tests on special forms provided ACTT and I will send those forms to ACTT within 48 hours of testing for scoring . ACTT will report the individual student results back to the institution.

Further, I am an independent test administrator as defined by the U. S. Department of Education (Federal Register Vol. 60, No. 231, December 1, 1995, Section 668.151):

- 1) I have no current or prior financial or ownership interest in the institution, its affiliates, or its parent corporation, other than the interest obtained through its agreement to administer the test, and have no controlling interest in any other educational institution;
- 2.) I am not a current or former employee of or consultant to the institution, its affiliates, or its parent corporation, a person in control of another institution, or a member of the family of any of these individuals;
- 3) I am not a current or former member of the board of directors, a current or former employee of or a consultant to a member of the board of directors, chief executive officer, chief financial officer of the institution or its parent corporation or at any other institution, or a member of the family of any of the above individuals; and
- 4) I am not a current or former student of the institution.

I also agree to administer the tests according to the guidelines outlined in the *CELSA Test Administrators Guide for ATB 2015* and the *LPAT Tester's User Guide*..

I also verify that I have never been convicted of a felony nor have I been decertified by another testing company within the past 3 years. I further swear to notify ACTT immediately (within 24 hours) if another testing company decertifies me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return to ACTT: Association of Classroom Teacher Testers  
1187 Coast Village Road Suite 1PMB 378  
Montecito, CA 93108-2794 or fax to ACTT (805) 965-5807  
or scan and email to [actt@cappassoc.com](mailto:actt@cappassoc.com)*

