

***Verification of Assessment Center Eligibility for ATB
Certification of Testing Administrator at Assessment Center***
(required only of institutions that qualify as assessment centers)

Name of institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Please print or type name of proposed Testing Administrator (make copies of this form if more than one Testing Administrator is proposed):

Last name: _____ First name: _____
Office Phone: _____ Fax number: _____
email address: _____ (please print clearly)
Title: _____
years of post-secondary education: _____
highest degree earned: _____ # years experience administering tests: _____

As defined in the Federal Register § 668.142, I understand that a qualified assessment center is a facility that—

- (1) Is located at an eligible institution that provides two-year or four-year degrees or is a postsecondary vocational institution;
- (2) Is responsible for gathering and evaluating information about individual students for multiple purposes, including appropriate course placement;
- (3) Is independent of the admissions and financial aid processes at the institution at which it is located;
- (4) Is staffed by professionally trained personnel;
- (5) Uses test administrators to administer tests approved by the Secretary under this subpart; and
- (6) Does not have as its primary purpose the administration of ability to benefit tests.

I hereby verify that this institution qualifies as having an assessment center according to the definition listed above. I further agree to adhere to the testing guidelines described in *the CELSA Test Administrator's Manual and Technical Guide for Ability to Benefit*. If using "paper/pencil" tests, I further agree to use the CELSCAN student scoring answer sheet and send it to ACTT within two days for scoring and entering the information into ACTT's database. Included on each scanform the testing administrator's I.D. number. I also understand that I will be decertified if I do not follow the testing procedures outlined in the *CELSA Test Administrator's Manual and Technical Guide for Ability to Benefit*.

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 1 PMB #378
Montecito, CA 93108-2794
or fax to ACTT (805) 965-5807*