

Washington State Unified English Braille Competency Exam

Washington State School for the Blind **Ogden Resource Center** 2310 E. 13th St. Vancouver, WA 98661

Applicant	Info	rmatio	n

May we add your name to our Vision Professional Directory? Yes No				
Name	· <u> </u>			
Home Address				
City				
Home Telephone (E-m				
Additional phone (
Applicant Signature:	Date			
Primary School District/Agency				
Other Districts/Agencies				
Your hire date: / /				
Primary Role: TVI Parapro Other				
Primary Work Address:				
	tate Zip			
E-mail				
Work phone (Ext.				
Additional phone (FAX (_				
Test Proctor Information				
The examination will be mailed to the proctor listed by	below who will make arrangements			
to have it proctored and returned for scoring.				
Proctor Name				
Address				
City				
Work phone (Ext				
E-mail				

Check as appropriate

I need to complete Fee: \$160.00 The entire exam OR Part One: Multiple Choice Fee: \$20.00 Part Two: Transcribing Fee: \$75.00 or \$6 x number of sentences to redo _____ Part Three: Proofreading Fee: \$25.00 Part Four: Interlining Fee: \$20.00 Part Five: Slate & Stylus Fee: \$20.00 Total fees: \$160.00 OR \$_____; whichever is less I need the test in: Regular Print | Large Print | Braille I need special accommodations_____ (example: reader) Bring with you: **Braille Writer** Reference materials 28 Cell Slate & Stylus 11½x11 braille paper Braille eraser 8½ x11 braille paper Return this completed form with check or purchase order to: **WSSB Business Services** To pay by credit card:

All fees should be made payable to WSSB - ORC

WA State UEB Examination

Vancouver, WA 98661

2214 E. 13th St.

Email application to

braille@wssb.wa.gov and request an

invoice in the body of your message

Please allow up to 2 weeks for delivery. Allow up to 3 weeks for test results.