

UEB Recertification Application



Washington State School for the Blind

Ogden Resource Center

2310 E. 13th St.

Vancouver, WA 98661

360-947-3344 or braille@wssb.wa.gov

Applicant Information

Name _____

Home Address _____

City _____ State Zip

Home Telephone (____) _____ - _____ E-mail

Additional phone (____) _____ - _____

I need the test in: *Regular Print* ☐ *Large Print* ☐ *Braille* ☐

I need special accommodations _____ (example: reader)

Applicant Signature : _____ **Date** _____

Test Proctor Information

The examination will be mailed to the proctor listed below who will make arrangements to have it proctored and returned for scoring.

Proctor Name _____

Address _____

City _____ State Zip

Work Telephone (____) _____ - _____ E-mail

What You Need:

Braille Writer

11½x11 braille paper

Reference materials

Braille eraser

Mail this completed form along with your \$50 payment (made out to ORC) to:

Ogden Resource Center

Braille Examinations

2214 E. 13th St.

Vancouver, WA 98661

To pay by credit card:

E-mail application to

braille@wssb.wa.gov and request an invoice in the body of your message