

Washington State Unified English Braille Competency Exam

Washington State School for the Blind

Ogden Resource Center

2310 E. 13th St.

Vancouver, WA 98661

Applicant Information

Name			
Home Address			
City			Zip
Home Telephone	E-mail		
Applicant Signature:			Date
Primary School District/Agenc	EY		
Other Districts/Agencies			
Your hire date:			
Primary Role: []TVI []Pa	rapro [] Other		
Primary Work Address:			
City			
E-mail			
Work phone			
FAX			
Test Proctor Information The examination will be maile			
to have it proctored and retur	=		J
Proctor Name			
Address			
City			Zip
Phone Number			
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

Return this completed form with check or purchase order to:

WSSB Business Services
WA State UEB Examination
2214 E. 13th St.
Vancouver, WA 98661

28 Cell Slate & Stylus

Braille eraser

To pay by credit card:

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

11½x11 braille paper

8½ x11 braille paper

All fees should be made payable to WSSB - ORC

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