

# 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](mailto:braille@wssb.wa.gov)

## Applicant Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State  Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail

School District \_\_\_\_\_

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](mailto:braille@wssb.wa.gov) and request an invoice in the body of your message