

North Carolina Speech, Hearing and Language Association, Inc. (NCSHLA)
Speech-Language Pathology Assistant Examination
Computer-based Test Administration Request Form

Request forms may be faxed to 919-361-2426 or mailed to
Scantron, Attn: Testing Coordinator, P.O. Box 570, Morrisville, NC 27560

INSTRUCTIONS

1. Complete the entire application.
2. Once you receive your confirmation for testing email with your appointment date, time, and location, review the testing policies notes, including bringing proper photo ID with signature to the test site.

REASONABLE ACCOMMODATIONS

To request testing accommodations, submit with this application documentation from an appropriate healthcare provider, and a letter detailing accommodations made for you at your school.

Last Name _____

First Name _____

Middle Name _____

Birth Date _____ / _____ / _____ (month / date / year)

Telephone Number (Home) (_____) _____ - _____

Telephone Number (Work) (_____) _____ - _____

Telephone Number (Mobile) (_____) _____ - _____

Street Address _____

City _____

State _____ Zip Code _____

College Attended _____

Email address _____

Test Administration Location Preference: Circle city in which you want to test.

Please note: candidates must test in North Carolina. To test outside of North Carolina, please contact the North Carolina Speech, Hearing and Language Association, Inc. for prior approval.

BOONE

CHARLOTTE

GREENSBORO

FAYETTEVILLE

RALEIGH

Test Date Preference: List your top three choices of test dates. We will make every attempt to accommodate testing at one of these times. However, if testing is not available when requested, Scantron will contact the candidate with available dates from which to choose. **Request forms must be submitted to Scantron at least three (3) weeks prior to the requested test date.**

1st Choice _____
2nd Choice _____
3rd Choice _____

Examination Time Preference: Circle one.

MORNING AFTERNOON

CANCELLATION/ RESCHEDULING and FAILURE TO APPEAR POLICIES

A candidate may cancel or reschedule their testing appointment by notifying Scantron in writing (email or fax) up to four (4) business days in advance of the scheduled testing appointment and by paying a \$50.00 cancellation/rescheduling fee. If the request is made fewer than four (4) business days in advance of the testing appointment, the candidate will not be able to cancel or reschedule the test date. They will be considered a no-show and will forfeit the entire exam fee.

A candidate who does not appear for their testing appointment and has not contacted Scantron to cancel or reschedule up to four (4) business days in advance of the scheduled testing appointment, will be considered a no-show and will forfeit exam fees.

Payment of \$500.00 is due with application.

You will be charged by Scantron. Only credit card payments are accepted. Cash and checks are NOT accepted.

Payment Method (Circle one): VISA MASTERCARD

Credit Card Number _____

Card Expiration Date _____

Address of Cardholder _____

Signature of Cardholder _____

Internal Reference Only:

I verify that this candidate is eligible to schedule for the examination checked above.

NCSHLA Staff Member Name _____

NCSHLA Staff Member Signature _____

Date _____