

**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: Candidate Services, 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 \_\_\_\_\_

  

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**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.**

1<sup>st</sup> Choice \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_  
3<sup>rd</sup> 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 two (2) 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 two (2) 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 two (2) 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** \_\_\_\_\_