



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

May we add your name to our Vision Professional Directory? Yes No

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone (____) _____ - _____ E-mail _____

Additional phone (____) _____ - _____

Applicant Signature: _____ **Date** _____

Primary School District/Agency _____

Other Districts/Agencies _____

Primary Role: [] TVI [] Parapro [] Other _____

Primary Work Address: _____

City _____ State _____ Zip _____

E-mail _____

Work phone (____) _____ - _____ Ext. _____

Additional phone (____) _____ - _____ FAX (____) _____ - _____

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 phone (____) _____ - _____ Ext. _____

E-mail _____

Check as appropriate

I need to complete

The entire exam Fee: \$160.00

OR

Part One: Multiply 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

28 Cell Slate & Stylus

Braille eraser

Reference materials

11½x11 braille paper

8½ x11 braille paper

Return this completed form with check or purchase order to:

WSSB Business Services

WA State UEB Examination

2214 E. 13th St.

Vancouver, WA 98661

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.**

Effective 8/26/2016