

# Change of Registration Request Form for Paper-Based Testing



**Mail to:**

CEOE Program  
Evaluation Systems  
Pearson  
P.O. Box 660  
Amherst, MA 01004-9007

**Payable by Cashier's Check  
or Money Order Only**

This form may also be completed and submitted online  
at **www.ceoe.nesinc.com**.

**IMPORTANT INFORMATION**

- ★ Do not use this form after July 24, 2010.
- ★ Use this form if you have already submitted your registration and you **wish to change the test date, the test area, and/or the test(s)** for which you originally registered.
- ★ If you are changing your **test area or the test(s) for which you registered**, your Change of Registration Request Form must be received by the late registration deadline of your original test date in order for a change to be made.
- ★ If you are changing your **test date**, your Change of Registration Request Form must be received by the late registration deadline of the **earlier** of the two test dates.
- ★ Processing your request to change your test area is dependent upon available space.
- ★ **If you wish to change the test date for one, but not both, of the tests for which you are registered, you must submit a Withdrawal/Refund Request Form so that it is received by the late registration deadline of your original test date to delete the test for which you wish to change the test date. You must then submit a new registration form for the test date of your choice to register for that test.**
- ★ **NOTE:** To change or correct your name, address, telephone number, or social security number, you may submit a letter requesting the change to Evaluation Systems or call (866) 565-4893 or (413) 256-2879. You may also change this information using a form available at the test site on the day of the test. The test date is the deadline for making any such changes or corrections.

**FEE**

Change of registration fee .....\$15

**Make cashier's check or money order payable to Evaluation Systems.**

**All payments must be in U.S. dollars. DO NOT SEND CASH OR A PERSONAL CHECK.**

**1. Name**

Last	First	Middle Initial

**2. Address**

Check here if this address is different from the address on original registration.

P.O. Box or Street Address and Apartment Number
City or Town

State		ZIP Code

**3. Social Security Number**

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**4. Date of Birth**

Month	Day	Year				

**5. Telephone Numbers**

Area Code									

Daytime

Area Code									

Evening

**Complete sections 6A, 7A, and 8A regardless of the change(s) you wish to make.**

**6A. Test date for which you originally registered (check one):**

- September 19, 2009
- November 14, 2009
- January 30, 2010
- April 17, 2010
- May 22, 2010
- July 24, 2010

**For sections 6B, 7B, and 8B, complete only the change(s) in registration you wish to make.**

**6B. New test date:** If you are changing your test date, check **one new date** on which you wish to take the test(s). This request will change the test date of all tests for which you are registered. Refer to "Test Sites for Paper-Based Testing" to ensure that the test area you are registered for is available on the test date that you are selecting.

- |   |  |
|---|--|
| <input type="checkbox"/> September 19, 2009 | <input type="checkbox"/> May 22, 2010      |
| <input type="checkbox"/> November 14, 2009  | <input type="checkbox"/> July 24, 2010     |
| <input type="checkbox"/> January 30, 2010   | <input type="checkbox"/> Future test date† |
| <input type="checkbox"/> April 17, 2010     |  |

† Test dates for the next program year are not currently available. A voucher will be sent to you that may be used for a future test date.

**7A. Test area** for which you **originally** registered (see "Test Sites for Paper-Based Testing" for a list of test areas):

Code	Test Area
<input type="text"/> <input type="text"/> <input type="text"/>	_____

**7B. New test area:** If you are changing your test area, enter the new test area at which you want to take the test. Refer to "Test Sites for Paper-Based Testing" to ensure that the test area you are selecting is available on the test date for which you are registered.

Code	Test Area
<input type="text"/> <input type="text"/> <input type="text"/>	_____

**Refer to "Test Fees and Payment Policies" for a list of test fees and to "Test Selection for Paper-Based Testing" for a complete list of all CEOE tests and to determine permissible combinations of tests for any one test date.**

**8A. Test(s)** for which you **originally** registered:

Test/Subtest Name	Test Code	Test Fee
1. Oklahoma Subject Area Tests™	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
2. OSAT School Administrator tests	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
3. Oklahoma General Education Test™	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
4. Oklahoma Professional Teaching Examination™	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
<b>Original total test fee</b>		<b>\$ _____</b>

**8B. New test(s):** If you are changing your test(s), fill in the test codes, names (if applicable), and fees for **all** the tests for which you now wish to be registered.

Test/Subtest Name	Test Code	Test Fee
1. Oklahoma Subject Area Tests™	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
2. OSAT School Administrator tests	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
3. Oklahoma General Education Test™	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
4. Add the \$40 registration processing fee if you were originally registered for an OPTE™ <b>only</b> and have not already paid the fee for a test administration in this program year (Sept. 1, 2009–Aug. 31, 2010).		\$ _____
5. Oklahoma Professional Teaching Examination™	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
<b>New total test fee</b>		<b>\$ _____</b>

**8C.** If the new total test fee is greater than the original total test fee, subtract the original total test fee from the new total test fee. You must pay this difference in addition to the \$15 change of registration fee.

**8D.** If the original total test fee is greater than the new total test fee, you must still submit the \$15 change of registration fee. You will receive a refund for the difference in the test fees after the test administration.

**9.** TOTAL PAYMENT ENCLOSED: \$    (\$15 change of registration fee plus, if applicable, fees calculated in 8C above.)

**10.** I have read the 2009–2010 CEOE™ Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation for Paper-Based Testing, and I certify that I am the person whose name and address appear on this form. I understand that incomplete, inaccurate, or missing information on the form may delay or jeopardize my registration. Also, I understand that this form must be **received** by Evaluation Systems by the late registration deadline.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF THIS FORM IS RECEIVED AFTER THE LATE REGISTRATION DEADLINE FOR THE EARLIER OF THE TEST DATES INDICATED IN SECTION 6, IS NOT SIGNED, OR IS NOT ACCOMPANIED BY THE PROPER PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.**

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Evaluation Systems, Pearson, P.O. Box 226, Amherst, MA 01004

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