

LTI The ACTFL Testing Office

www.languagetesting.com

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ORAL PROFICIENCY INTERVIEW (OPI)

APPOINTMENT FORM

TENNESSEE COURT INTERPRETER CREDENTIALING PROGRAM

Please complete and return this form by mail or fax to the ACTFL Language Testing Office.

DATE: _____

LAST NAME: _____ FIRST: _____ INITIAL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (DAY) _____ (EVE) _____ FAX: _____

E-MAIL ADDRESS: _____ (*important*)

LANGUAGE TO BE TESTED: _____

(A separate form is required for each language requested)

PREFERRED DATE AND TIME: _____

(Please refer to the 2008 OPI testing schedule given to you by the TN AOC and also located on the AOC's website. The AOC is only available to test on the designated day/time/ per each location.)

PREFERRED CITY OR CITIES TO TAKE THE TEST: (Circle site or sites to which you are willing to drive.)

Nashville, TN

Knoxville, TN

Jackson, TN

Notification of Test Date and Time: Once your application has been processed (between 5-10 business days), you will be notified by e-mail of the available test dates and times for taking an ACTFL OPI at the test site you selected. **Remember to bring to the test: two forms of ID, one of which must be a United States government-issued photographic ID (i.e. passport or driver's license), and a phone calling card with at least 30 minutes of calling time.**

Notification of Test Results: All test results will be communicated solely and directly to the *TENNESSEE COURT INTERPRETER CREDENTIALING PROGRAM* in Nashville. The *TENNESSEE COURT INTERPRETER CREDENTIALING PROGRAM* will notify you by mail of your ACTFL Oral Proficiency Rating.

Retest Policy: Please be advised that the *TENNESSEE COURT INTERPRETER CREDENTIALING PROGRAM* will only allow an interpreter to take the test twice in a language.

METHOD OF PAYMENT FOR TEST PLUS OTHER CHARGES (IF ANY):

There is a \$55.00 charge for missed appointments.

- A CHECK FOR THE TEST FEE(S) PAYABLE TO: **LTI, Inc.**
- PLEASE CHARGE THE TEST FEE(S) TO A CREDIT CARD (COMPLETE SECTION BELOW)

TOTAL CHECK/CHARGE INCLUDING TEST FEE(S) \$139. 00

MASTERCARD#: _____ VISA#: _____

EXPIRATION DATE: _____ SIGNATURE: _____

Note: all charges require a signature

****Please send this completed application with a signed "Test-Taker Acknowledgement Consent and Waiver Form" (following page) to LTI for processing.**