

TEST-TAKER ACKNOWLEDGEMENT CONSENT AND WAIVER FORM

FOR THE TENNESSEE COURT INTERPRETER CREDENTIALING PROGRAM

The ACTFL Oral Proficiency Interview (“OPI”) is a nationally recognized structured interview distributed by Language Testing International (“LTI”) for assessing oral proficiency according to the 1999 Revised ACTFL Proficiency Guidelines - Speaking. The interview will be administered by an ACTFL trained and certified oral proficiency tester and will last between 10 and 30 minutes. A recording of the interview will be made for the purpose of allowing two ACTFL certified testers to independently rate the candidate’s speaking proficiency based on the descriptors of language proficiency in the 1999 Revised ACTFL Proficiency Guidelines - Speaking. The content of the interview, including any actual responses or opinions expressed during the interview, will not have any effect on the candidate’s rating.

I hereby acknowledge and agree that the purpose of this test is to evaluate my oral (“speaking”) proficiency. I hereby give my consent to LTI to record my interview for that purpose. I further give my consent for LTI to release my rating to the named party on my application.

I understand and agree that the recording of my interview will be the exclusive property of LTI, that LTI will maintain it as strictly confidential, and that it will not be released to me or any other party under any circumstances, as the interview questions and protocols are copyrighted materials and their release would compromise the validity of the test. I acknowledge that LTI will provide me the published, standard ACTFL description of my rating as part of the standard procedure and cost of testing. I also acknowledge that I have the option of purchasing a detailed, individually-written report of my test results, developed by an ACTFL trained and certified oral proficiency expert, for an additional fee. If I have a question about my rating, I agree to abide by LTI's rating review process and/or the Tennessee Administrative Office of the Courts' disclosure policy.

I agree that any use of my rating on the OPI shall be completely within the purview of any party I have authorized to receive my rating. Accordingly, I shall have no legal rights against LTI for any decision made by any party I have authorized to receive my rating. I agree to hold LTI harmless against any claims of damages because of any such decisions made by others, whether based on my rating alone or in combination with any other factors.

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____