

# LTI The ACTFL Testing Office

6 Executive Plaza, Yonkers, NY 10701

FAX: 914-963-7113

testing@languagetesting.com

## ACTFL DIAGNOSTIC OPI APPLICATION UNIVERSITY OF MARYLAND COLLEGE OF ARTS AND HUMANITIES

Complete and return this application and mail or fax to the address listed above

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY AND STATE OF BIRTH \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

E-MAIL ADDRESS: (REQUIRED) \_\_\_\_\_

1. **RETEST:** Is this your first time taking an OPI in this language? (Circle one) **YES or NO**

2. **LANGUAGE TO BE TESTED:** \_\_\_\_\_

3. **PLEASE INDICATE WHEN YOU ARE AVAILABLE TO TEST:**

Please provide a RANGE of availability (dates & times) that you could do the test. Allow at least 10 business days from the date of your request submission.

DATES: \_\_\_\_\_ TIME: From \_\_\_\_\_ To \_\_\_\_\_

DATES: \_\_\_\_\_ TIME: From \_\_\_\_\_ To \_\_\_\_\_

4. **PHONE NUMBER FOR THE TEST:** Please indicate below the phone number the tester should call to reach you on the day of the test. You must take the test on a hard-wired phone – **no cell phones.**

TEST PHONE # \_\_\_\_\_

5. **CONFIRMATION OF TEST DAY, TEST STATUS AND RESULTS:**

Once your application has been processed, you will be sent an e-mail with your test date, time and other instructions. Please check your e-mail regularly. The University of Maryland College of Arts and Humanities will be given your test result within 10 business days of the test date.

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## 6. OTHER IMPORTANT TEST INSTRUCTIONS:

- A signed Test-Taker Acknowledgement and Consent Form must be submitted with your application.
- Inform us immediately if you will not be available at the scheduled time and date. If you notify us later than one business day before the scheduled day of the test, you will be charged a fee of \$55.00 for a missed appointment.
- To reschedule this test, you must do so by email to: [admin@languagetesting.com](mailto:admin@languagetesting.com), at least one business day in advance of the above date, advising us of new dates. You may also mail the information to the address above. Please allow 10 business days from the date of your submission of new information for a new test date/time.

## 7. METHOD OF PAYMENT FOR TEST FEE(S): \$109.00

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

**TOTAL CHECK/CHARGE INCLUDING TEST FEE(S) \$109.00**

MASTERCARD#: \_\_\_\_\_ VISA#: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Note: all charges require a signature

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## TEST-TAKER ACKNOWLEDGEMENT CONSENT AND WAIVER FORM

The ACTFL Oral Proficiency Interview (“OPI” and Writing Proficiency Test (“WPT) are nationally recognized structures tests distributed by Language Testing International (“LTI”) for assessing oral or writing proficiency according the Revised ACTFL Proficiency Guidelines. The test will be administered/rated by an ACTFL trained and certified OPI Tester or WPT Rater. A cording of the interview and the writing test will be used for the purpose of allowing two ACTFL certified testers/raters to independently rate the candidate’s speaking or writing proficiency based on the descriptor of language proficiency in the ACTFL Proficiency Guidelines. The content of the test, including any actual responses or opinions expressed on the test, 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”) and/or writing proficiency. I hereby give my consent to LTI to record my OPI for that purpose. I further give my consent for LTI to release my rating(s) to the named party(s) on my application.

I understand and agree that the recording of my interview and the completed writing test become 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 circumstance, because the test 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, individual written report of my test results, developed by an ACTFL trained and certified 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 my employer’s/schools’ disclosure policy.

I agree that any use of my rating on the OPI and/or WPT shall be completely within the purview of my employer or any other party I have authorized to receive my rating. Accordingly, I shall have no legal rights against LTI for any decision made by my current employer, school or any other 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.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_