



North Carolina Speech, Hearing and Language Association, Inc. (NCSHLA)

Speech-Language Pathology Assistant Examination, Computer-based Test Administration Request Form

*Request forms may be faxed to 919-361-2426 or mailed to
Meazure Learning Candidate Services, P.O. Box 570, Morrisville, NC 27560*

Instructions

1. Complete the entire application.
2. Once you receive your confirmation for testing email with your appointment date, time, and location, review the testing policies notes, including bringing proper photo ID with signature to the test site.

Reasonable Accommodations

To request testing accommodations, submit with this application documentation from an appropriate healthcare provider, and a letter detailing accommodations made for you at your school.

Last Name _____

First Name _____

Middle Name _____

Birth Date _____

Telephone Number (Home) (_____) _____ - _____

Telephone Number (Work) (_____) _____ - _____

Telephone Number (Mobile) (_____) _____ - _____

Street Address _____

City _____

State _____ Zip Code _____

College Attended _____

Email Address _____

Test Date Preference

List your top three choices of test dates. We will make every attempt to accommodate testing at one of these times. However, if testing is not available when requested, Meazure Learning will contact the candidate with available dates from which to choose. **Request forms must be submitted to Meazure Learning at least three (3) weeks prior to the requested test date.**

1st Choice _____

2nd Choice _____

3rd Choice _____

Examination Time Preference

Please circle one.

MORNING

AFTERNOON

Cancellation/ Rescheduling and Failure to Appear Policies

A candidate may cancel or reschedule their testing appointment by notifying Meazure Learning in writing (email or fax) up to two (2) business days in advance of the scheduled testing appointment and by paying a \$50.00 cancellation/rescheduling fee. If the request is made fewer than two (2) business days in advance of the testing appointment, the candidate will not be able to cancel or reschedule the test date. They will be considered a no-show and will forfeit the entire exam fee.

A candidate who does not appear for their testing appointment and has not contacted Meazure Learning to cancel or reschedule up to two (2) business days in advance of the scheduled testing appointment, will be considered a no-show and will forfeit exam fees.

Payment of \$500.00 is due with application.

You will be charged by Meazure Learning. Only credit card payments are accepted. Cash and checks are **NOT** accepted.

Payment Method

Please circle one.

VISA

MASTERCARD

Credit Card Number _____

Card Expiration Date _____

Address of Cardholder _____

Signature of Cardholder _____

Internal Reference Only

I verify that this candidate is eligible to schedule for the examination checked above.

NCHSLA Staff Member Name _____

NCHSLA Staff Member Signature _____

Date _____