



National Center for Competency Testing®

7007 College Boulevard, Suite 705
 Overland Park, KS 66211
 Phone 800-875-4404; Fax 913-498-1243
 Office Hours M-F 8:30am-5:00pm CST
www.nctinc.com



Certified Postsecondary Instructor Application

CPI applicants complete this section

Online Only

Test Date ____/____/____

Test Site _____

City, State _____

1 CPI Applicant Information (Please Print in Ink)

Last Name _____ First Name _____ MI _____

Social Security # _____ Date of Birth (mo/day/year) _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone (H) _____ Phone (M) _____

2 Candidate Requirements & Documentation

Requirement for CPI	Documentation Needed	Note
<input type="checkbox"/> High School (HS) Diploma or equivalent	Proof of HS graduation, GED, or ATB Send a copy of your HS diploma, or other proof	If you have earned a degree in higher education, you may send copy of that degree instead
<input type="checkbox"/> Minimum 6 months full time (or equivalence) teaching experience at the postsecondary level	This must be verified by at least one of your references, using our form on the last page	If you worked part-time, you need to show the full time equivalence of your experience
<input type="checkbox"/> Evidence of subject matter expertise	Include any certification or license in the subject area you teach, if applicable	If n/a, include other evidence or be sure your references address your expertise
<input type="checkbox"/> Evidence of good moral character	Completion of Section 8 of this form	If yes to any question, attach letter of explanation

3 Regular Examination Fee = \$135

Center for Excellence in Education member price = \$90

Payment Options Check Money Order Mastercard Visa (No other credit cards will be accepted)

If paying by credit card, complete this section:

Credit Card # _____ - _____ - _____ Expiration Date ____/____/____

Cardholder name* _____ (*only if different from applicant)

Billing Address* _____ (*only if different from applicant)

City* _____ State* _____ Zip* _____

NCCT USE ONLY
 (Applicants—Please do not write anything in this box)

AMT _____

DATE _____

CLG _____

TD _____

LTR _____

Make check or money order payable to NCCT. There is a \$25 fee for returned checks. Scores are not released until fees are paid.

4 Permanent Contact Information: Please provide a permanent contact where official notices can be sent if you move.

Name _____ Phone _____
Street Address _____ Email _____
City _____ State _____ Zip _____

5 Demographic Data (Voluntary, for use by statisticians who evaluate exams to prevent bias)

<u>Gender</u>	<u>Race</u>	<u>Marital Status</u>
<input type="checkbox"/> Male (M)	<input type="checkbox"/> African American (AA)	<input type="checkbox"/> Single (S)
<input type="checkbox"/> Female (F)	<input type="checkbox"/> American Indian (AI)	<input type="checkbox"/> Married (M)
	<input type="checkbox"/> Asian (AN)	<input type="checkbox"/> Divorced (D)
	<input type="checkbox"/> Hispanic/Latino (HL)	
	<input type="checkbox"/> Other (OT)	

6 Test Administration Details

- ◆ Your application & documentation must be received & approved BEFORE you will be allowed to take this exam.
- ◆ Allow at least 2 weeks for approval before scheduling your exam; if application is incomplete, processing will be delayed.
- ◆ This examination is offered only online, at approved NCCT proctor sites. It is not available as a paper exam.
- ◆ Call NCCT at 1-800-875-4404 with any questions about testing sites, dates, fees, or required documentation.
- ◆ Please bring 2 forms of identification to the testing site; at least one should be a government issued photo ID.
- ◆ There are 200 items on this examination. Candidates are allowed 4 hours to complete the exam.
- ◆ After testing, candidates should allow 4 to 6 weeks for processing of certificate.
- ◆ Candidates who fail this exam must wait a minimum of 3 months before they can try again.
- ◆ Retakes are at the expense of the examinee. Only 2 retakes are permitted in any single discipline.
- ◆ Certifications will be released only after all candidate documents and payments have been received by NCCT.

Notice of Non-Discrimination and ADA Accommodation: NCCT does not discriminate against any candidate based on race, creed, color, national origin, sex, religion, handicap, marital status, or age. NCCT will provide reasonable and appropriate test accommodations in accordance with the Americans with Disabilities Act (1990) for individuals with documented disabilities who request and demonstrate the need for accommodation. This request for accommodation must be made in writing at least 4 weeks prior to testing. Candidates may request a copy of the full policy from proctors (available in the Proctor Manual) or by contacting NCCT directly.

7 Fee & Refund Policies

Mail application & documentation to:

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Make your check or money order payable to NCCT. Scores will not be released until all fees are paid. Please also note:

- ◆ Application fees are refundable only if written request is received within 7 days of the date of application postmark, and no test has been taken
- ◆ Applicants who are determined to be ineligible for certification will be charged 50% of the exam cost as a processing fee.
- ◆ NCCT is not responsible for fees incurred by the applicant upon cancellation of examination dates, location changes, time changes, or testing site equipment malfunctions.
- ◆ There will be a \$25.00 fee for any returned checks.
- ◆ Scores/certifications will not be released until all fees are paid.

8 Statement of Understanding, Attestation, and Release

Directions: Please answer these questions, read the statements that follow, and provide your signature as witness.

Yes No Have you ever had any credential, including any Credential of Clearance, certification, or license of any type admonished, publicly reprovved, revoked, voided, or self-revoked? If yes, attach letter to explain.

Yes No Have you had any credential, permit, or license denied or rejected? If yes, attach letter to explain.

Yes No Have you ever plead guilty to, or been convicted of, a felony? If yes, attach letter to explain.

I verify that I am a U.S. High School graduate, or possess equivalent credentials (GED or Ability to Benefit).

I understand that NCCT retains the sole authority to make the final decision regarding eligibility.

I understand that NCCT will accept all completed applications from qualified candidates regardless of the candidate's sex, race, religion, age, marital status, disability, or national origin.

I consent to give the National Center for Competency Testing (NCCT) the authority to request necessary information from individuals, institutions, and other organizations in order to validate credentials, identity, and documentation.

I also consent to the release of my certification status, test score, and picture.

I understand that the liability of the National Center for Competency Testing (NCCT) and its agents is limited to examination fees only.

I understand that NCCT grounds for invalidation or recall of any NCCT certification may include, but are not limited to, the following:

- Violation of any policies or procedures of NCCT, including its code of ethics
- Failure to cooperate and/or reasonably assist with the investigation of any testing irregularity
- Giving or receiving unauthorized assistance when taking an examination (e.g. cheating)
- Permitted anyone other than yourself to take an examination with your identity
- Violation of any laws relating to practice of the profession for which you are being tested
- Commission of a felony (i.e. being found or pleading guilty)
- Falsifying anything related to test application or test admission processes, or falsifying documentation
- Using fraud or deception to obtain certification or recertification of oneself or another by assistance
- Unauthorized possession, distribution, or use of NCCT exams or test questions in any form

I understand that a minimum of 12 clock hours of *NCCT approved* Continuing Education will be required each year in order to maintain my certification in an active status.

I understand that it is my responsibility to send NCCT all required documentation, and that no certification will be released unless all requirements have been met and documentation is on file at NCCT. I have read, and understand, the Fee and Refund Policies section of this application. As an applicant, certification candidate, or NCCT website user, I agree to allow NCCT (or a third party organization providing services for them) to use my email address for NCCT-related purposes.

I certify that I personally completed this application and fully understand the contents herein. I declare, under penalty of perjury, that the information I have provided in this application is true.

**Applicant
Signature** _____

Date _____

Make sure application is complete and signed. Attach all required documents. Do not fax.

**Attach
Photo Here**

(Used for exam
ID Purposes)



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Applicant:

Make two *copies* of this form. You will need two (2) references, from 2 different individuals in supervisory or administrative capacities related to your employment as an instructor. Ask each to complete a copy of this form and return it to you. Send your application, payment, and all required documentation (see Section 2 of this application) to NCCT at the address on the left. NCCT reserves the right to contact your references to validate the information, as needed.

CPI Candidate Name _____

Dear CPI Candidate Reference:

The candidate named above has applied to take our Certified Postsecondary Instructor® examination. References are an important part of the application process. Please answer these questions about the candidate, and return this form to the candidate for inclusion with his/her application. If, for any reason, you do not wish to return this form to your candidate, you may send it to us directly at the address above; please notify candidate if you choose do to so. Thank you!

Yes No (1) Have you known this candidate for more than one year? How long? _____

Yes No (2) Is/Was this candidate employed by you, or the company you represent?

Name of your organization _____

Address of your organization _____

City _____ State _____ Zip _____

Dates of Employment _____ (Month/Year) to _____ (Month/Year)

Yes No (3) If you answered Yes to (2), has the candidate had at least 6 months of full-time postsecondary teaching experience (or its equivalent) within your organization?

Yes No (4) Can you attest to this candidate's expertise in the subject matter area s/he teaches?

Name of subject matter area(s) of expertise _____

For Questions (5) through (8): The CPI examination will determine whether the candidate possesses the minimum knowledge and skills needed to teach students at the postsecondary level, as determined by a national role delineation study. In your opinion, has this candidate demonstrated ...

Yes No (5) ...the ability to use principles of adult education that are important for success in the postsecondary classroom? (e.g. characteristics of adult learners, group dynamics and facilitation skills, fair practices in education)

Yes No (6) ...the ability to plan and/or design coursework appropriate for the postsecondary students s/he teaches? (e.g. developing curriculum, learning objectives, learning activities; assessing student learning needs and preferences & designing strategies for helping them learn accordingly; etc.)

Yes No (7) ...the ability to manage a classroom environment and deliver instruction and/or guide learning successfully?

Yes No (8) ...the ability to evaluate student learning, the effectiveness of all teaching strategies, the effectiveness of classroom implementation, and the validity of all tools of assessment?

Use the back of this form to explain any NO responses, provide any additional information, or make comments. Thank you!

Your Name _____ Your Position _____

Your Signature _____ Today's Date _____

How do we contact you if we have any questions? _____