



**New York State Teacher Certification Examinations™ (NYSTCE®)**  
**FIELD TEST INQUIRY FORM**  
**SPRING 2009**

Yes, I am interested in having my students participate in a New York State Teacher Certification Examinations (NYSTCE) field test.

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing address (include street address): \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Fax number: \_\_\_\_\_

Cell phone (optional): \_\_\_\_\_

Preferred method of communication:       E-mail       Phone

I teach students who are preparing to become educators in the following fields (please check all that apply):

- School Building Leader
- School District Leader

Please complete this form and fax it to the Committee Recruitment Group at Evaluation Systems at:  
**(866) 565-4877**

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