



New York State Teacher Certification Examinations™ (NYSTCE®)

TEST DEVELOPMENT COMMITTEE NOMINATION FORM

YOUR ASSISTANCE IS APPRECIATED.

Salutation: _____ Name: | _____ | _____ | _____
(Dr./Mr./Mrs./Ms.) (First Name) (Middle) (Last Name)

Address: _____
(If indicating a P.O. Box, please include actual street address for FedEx purposes.)

City: _____ State: _____ Zip: _____

Telephone number: (____) _____ Ext.: _____ TDD? Yes No

E-mail address: _____

Please list the names of New York State educators whom we may contact to assist us with test development activities for the following fields:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Italian |
| <input type="checkbox"/> French | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> German | <input type="checkbox"/> Visual Arts |

We are also seeking educators for the Bias Review Committee. Nominations for NYSTCE fields not listed will also be accepted for future consideration.

Salutation: _____ Name: _____ _____ _____ (Dr./Mr./Mrs./Ms.) (First Name) (Middle) (Last Name)
School/Institution affiliation: _____
Address: _____ (If indicating a P.O. Box, please include actual street address for FedEx purposes.)
City: _____ State: _____ Zip: _____
The above address for correspondence is: <input type="radio"/> Home <input type="radio"/> Work
Telephone number: (____) _____ Ext.: _____ TDD? <input type="radio"/> Yes <input type="radio"/> No
E-mail address: _____ Field: _____

Salutation: _____ Name: _____ _____ _____ (Dr./Mr./Mrs./Ms.) (First Name) (Middle) (Last Name)
School/Institution affiliation: _____
Address: _____ (If indicating a P.O. Box, please include actual street address for FedEx purposes.)
City: _____ State: _____ Zip: _____
The above address for correspondence is: <input type="radio"/> Home <input type="radio"/> Work
Telephone number: (____) _____ Ext.: _____ TDD? <input type="radio"/> Yes <input type="radio"/> No
E-mail address: _____ Field: _____

**Please fax your completed form to Evaluation Systems
Attention: Committee Recruitment Group
Fax number: (866) 565-4877 (toll free)**

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