

# LTI The ACTFL Testing Office

6 Executive Plaza, Yonkers, NY 10701

FAX: 914-963-7113

www.languagetesting.com

## ACTFL Oral Proficiency Interview (OPI) Application

Complete and return this application with a signed test-taker and completed proctor form by mail or fax to the address listed above

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

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

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

LAST 4 DIGITS OF SOCIAL SECURITY # \_\_\_\_\_

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. **CIRCLE LANGUAGE TO BE TESTED:** (\*\*PLEASE SUBMIT ONE FORM PER LANGUAGE\*\*)

Arabic English French German Italian Japanese Mandarin Portuguese Spanish other: \_\_\_\_\_

3. **WHERE WILL YOU TAKE YOUR TEST?** **At Grand Valley State University**

(A **PROCTOR AGREEMENT FORM WITH YOUR APPLICATION IS REQUIRED**) A proctor at a college may be a Professor, Department Chair, Dept. Administrative Assistant, Teacher Education Coordinator, Registrar's Office Staff, or College Assessment Officer. No other staff positions may act as proctors.

PROCTOR \_\_\_\_\_, Department of Modern Languages and Literatures  
(616-331-\_\_\_\_\_ or \_\_\_\_\_@gvsu.edu)

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

Please provide a RANGE of availability (dates & times) that you and your proctor could do the test. Allow at least 10 business days from the date of your request submission, if you are submitting completed proctor forms with this application.

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

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

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

Once your application has been processed, your proctor and you will be sent separate e-mails with your test date, time and other instructions. This e-mail will provide a unique ID and PASSWORD to access your test information and status on the LTI Test Candidate Website [www.languagetesting.com/individual](http://www.languagetesting.com/individual). Please keep this important e-mail and website information. Using this website and secure passwords, you will be able to check the status of your test result. On this website, you will have the option to print your final rating certificate. Please allow UP TO 4 WEEKS from the date of your test to receive your final rating.

## 6. OTHER IMPORTANT TEST INSTRUCTIONS:

- **The OPI Proctor Agreement Form must be completed by your proctor and submitted with your application. Your application will not be processed without a completed proctor form. If your application is received without proctor forms, you may be asked by e-mail to supply new dates once proctor forms are received and approved.**
- A signed Test-Taker Acknowledgement and Consent Form must be submitted with your application.
- Be sure to arrive at the test site 15 minutes prior to the above test time. Please bring two forms of picture identification with you.
- 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.
- If you must cancel this application you will be charged a fee of \$55. The balance of your payment will be refunded to you.

## 7. PAYMENT & FEE(S):

- Oral Proficiency Interview Test Fee: \$134
- Advanced Level Check Fee: \$85
- OPIc to Superior: \$65
- OPIc to Advanced: \$55

### OPTIONAL LTI SERVICES & FEES:

- EXPRESS SERVICE FEE: \$50 (final rating will be posted within two weeks)
- CERTIFIED COPY OF FINAL RATING CERTIFICATE: \$10

Send certified copy to address: \_\_\_\_\_

- ACE TRANSCRIPT & COLLEGE CREDIT SERVICES: \$75

TOTAL CHECK/CHARGE INCLUDING TEST FEE(S) \$ \_\_\_\_\_ . 00

### METHOD OF PAYMENT:

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

MASTERCARD/VISA/DISCOVER (circle one) Card #: \_\_\_\_\_

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

Note: all charges require the card holder's signature

## TEST TAKER AGREEMENT

The ACTFL Oral Proficiency Interview (OPI)®, Writing Proficiency Test (WPT), Oral Proficiency Interview by computer (OPIC)®, and Advanced Level Checks are nationally recognized, standardized tests distributed by Language Testing International (LTI) for assessing oral or written proficiency according to the revised *ACTFL Proficiency Guidelines*. The test is administered/rated by a Certified ACTFL® Tester or Rater. A recording of the interview and/or copy of the writing test will be used for the purpose of allowing two Certified ACTFL Testers or Raters to independently rate the candidate's speaking or writing proficiency based on the descriptors of language proficiency in the *ACTFL Proficiency Guidelines*. You will not be rated on the factual accuracy of your opinions or suggestions.

I hereby acknowledge and agree that the purpose of this test is to evaluate my speaking and/or writing proficiency. I hereby give my consent to LTI to record and/or retain my spoken and/or written responses for this purpose and to release my rating(s) to the named party(s) on my application. I further acknowledge and consent that LTI, in its sole discretion, shall have the right to: (1) use the interview recording to respond to any questions I have about my rating;(2) require me to take a retest at LTI's expense if they determine that sufficient factors exist that call into question the accuracy of my test score; and (3) use the interview recording to conduct research on future modifications to the assessment or for academic studies, provided, that none of my personal information shall be disclosed to anyone outside of LTI who is not designated by me.

I understand and agree that the recording of my interview and/or completed writing test become the exclusive property of LTI and that LTI will maintain it as strictly confidential. The content of the test will not be released to me or any other party under any circumstance, as 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 with a published, standard ACTFL description of my rating from the Guidelines 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 a certified ACTFL proficiency expert for an additional fee. If I have any questions about my rating, including any retest determined by LTI to be required, I agree to abide by LTI's rating review process and/or my employer or school's disclosure policy.

I agree that any use of my rating on this proficiency assessment 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: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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





PROCTOR RESPONSIBILITIES AND AGREEMENT FORM FOR AN ORAL PROFICIENCY INTERVIEW by COMPUTER (OPIc®)

\_\_\_\_\_ has applied to take an online ACTFL® OPIc from a computer at your school. On the application forms he/she has identified you as the proctor for this test. Please read the responsibilities of a proctor detailed below.

PROCTORING AN OPIc TEST FROM A K-12 SCHOOL OR COLLEGE:

If you agree to proctor this test, you must keep the login and password you receive as confidential information that is not to be shared with anyone. To proctor this test:

- 1) You must use a computer that is located in a private setting with high speed internet access. Please see the OPIc Minimum Specification's sheet to verify that your computer is sufficient to run the OPIc.
2) You must also have a headset and microphone connected to the computer.
3) The proctor will check and copy a photo ID of the candidate before the test start time to verify the candidate's identification.
4) The proctor will ensure that the candidate does not bring any resources into the test room such as papers, pens, notes, dictionaries, lap-tops, etc.
5) The proctor will ensure that the candidate does not bring a cell phone, camera, palm recorder, pager, or recording device of any kind into the test room.
6) The proctor or any other party shall not make a copy - by hand or machine - of any test materials or prompts.
7) When ready to begin, the proctor is to enter the candidate's unique login and password.
8) The test is a timed test that allows the candidate a maximum of 30 minutes to complete the test.
9) The proctor must remain in the room with the candidate during the entire 30 minutes to ensure that the candidate does not use any resources (dictionaries, grammar texts, notes) or call upon the assistance of other individuals to assist him/her with answering the test prompts.
10) Should the computer freeze-up or the program close, the proctor will need to re-boot the computer and simply sign the candidate back into the OPIc. If this fails the proctor should call Language Testing International, the ACTFL Testing Office, for assistance.

By signing this document you are agreeing to accept the responsibility to strictly and faithfully abide by the stipulations and procedures outlined above. Please fax this completed form to LTI, the ACTFL Testing Office, at 914-963-7113.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

School: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

