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. Each such 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. I understand that I will not be rated on the factual accuracy of my 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, or as may be required from time to time in order to comply with federal/state law or regulation. I have reviewed Policy Concerning Cancellation of Ratings located on LTI’s website under Other General Information, and consent that LTI, pursuant to that policy and in its sole discretion, shall have the right to: (1) use its interview recording of me to respond to any questions I may have about my rating, or as part of any challenge I make to my rating; and (2) require me to take a retest at LTI’s expense if, after a reasonable opportunity for me to provide supplementary information to LTI and a reason investigation by LTI, it determines that sufficient factors exist that call into question the accuracy of my test score. I further acknowledge that LTI shall have the right to use its interview recording of me to conduct research on future modifications to the assessments or for academic study, provided, however, that in any such research or academic situation, none of my personal information shall be disclosed to anyone outside of LTI who has not been 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, subject to the above-mentioned rights of LTI. I further understand and agree that the content of the test shall not be released to me or any other party under any circumstance, nor shall I attempt to record, copy, reconstruct, or use the content of the test, inasmuch as the test questions and protocols are copyrighted materials and their release would compromise the validity, integrity and commercial value 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.

Below I am hereby providing all relevant information to LTI to verify that I am the individual who has arranged to take this test in consideration of my right to have it scored in accordance with the terms of this Agreement.

PRINTED NAME: ______________________________________ DATE: __________________________

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: ________________________________

SIGNATURE: __________________________________________________________________________
ACTFL LANGUAGE PROFICIENCY ASSESSMENTS
FOR THE UNIVERSITY OF SOUTH CAROLINA COLUMBIA

Complete and return this application with a signed Test Taker Agreement form and completed Proctor Responsibilities and Agreement form by mail or fax to the address listed above.

LAST NAME: ____________________________________________ FIRST: ____________________________________________

HOME ADDRESS: ______________________________________________________________________________________

CITY: ___________________________________ STATE: _________________ ZIP: _________________________________

NAME OF UNIVERSITY YOU CURRENTLY ATTEND ____________________________________________________________

LAST 4 DIGITS OF SOCIAL SECURITY #______________________________DATE OF BIRTH:______________________

PHONE: (DAY): _____________________________________ (EVENING): _______________________________________

E-MAIL ADDRESS: (REQUIRED) ___________________________________________________________________________

1. **RETEST:** Is this your first time taking an ACTFL assessment in this language? (Circle one): **YES** or **NO**
   (If this is a retest, please review the ACTFL Retest Policy on the LTI website)

2. **TYPE OF ASSESSMENT(S) NEEDED:** (Check from selections below)
   - [ ] ACTFL Oral Proficiency Interview by Computer to Advanced (OPIc), $55

3. **CIRCLE LANGUAGE TO BE TESTED:** (**PLEASE SUBMIT ONE FORM PER LANGUAGE**)  
   French       Spanish       German       Other: ____________________________

4. **WHERE WILL YOU TAKE YOUR TEST?**  
   **At a College or University:** (A PROCTOR AGREEMENT FORM WITH YOUR APPLICATION IS REQUIRED) A proctor at a college may be a Professor, Department Chair, Department Administrative Assistant or Department Coordinator, or Registrar and University Assessment Personnel. No other administrators or staff may act as proctors.

   PROCTOR: ________________________________________________ TITLE ________________________________

   PROCTOR EMAIL: ___________________________________ PROCTOR TELEPHONE: _______________________

E-mail: Testing@LanguageTesting.com • www languagetesting.com
5. **PLEASE INDICATE WHEN YOU ARE AVAILABLE TO TEST:**

Please provide a RANGE of availability (dates & times) that you **and your proctor** can 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 _______________

6. **CONFIRMATION OF TEST DAY, TEST STATUS AND RESULTS:**

Once your application has been processed, you and your proctor will be sent separate e-mails with your test date, time and other test 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). Please retain this important e-mail and website information for your records as you will use this website and secure password to verify the date and time of your test and check the status of your test result. You will also have the option to print your final rating certificate from the website. Please allow **UP TO 4 WEEKS** from the date of your test to receive your final rating.

7. **OTHER IMPORTANT TEST INSTRUCTIONS:**

- The Proctor Responsibilities and Agreement form(s) must be completed by your proctor and submitted with your application. **Your application will not be processed without a completed Proctor Responsibilities and Agreement 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 Agreement 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.

- In the event that an appointment needs to be rescheduled, contact the LTI Test Coordinator immediately (processing@languagetesting.com). There is no charge for appointments that are rescheduled prior to one day before the scheduled appointment.

- For missed appointments or for appointments that a notice for rescheduling is not delivered to LTI with at least 24 hours advance notice, there is a $55 rescheduling fee. In the event you miss your scheduled test appointment, please contact processing@languagetesting.com to reschedule your appointment.

- For a test that is cancelled and not rescheduled, there is a $55 cancellation fee that will be deducted from your refund. To cancel an application and receive your refund or to check the status of your refund, please e-mail your request to processing@languagetesting.com.
8. **PAYMENT & FEE(S):**

ORAL PROFICIENCY INTERVIEW BY COMPUTER TO ADVANCED (OPIc) TEST FEE: $55.00

- OTHER **OPTIONAL** LTI SERVICES & FEES:
  - EXPRESS SERVICE FEE: $50 (final rating will be posted within two weeks)
  - First request of ACE Credit Recommendation for OPI/WPT - $75 each
  - Additional requests for ACE Credit Recommendation for OPI/WPT - $40 each

  *ACE Credit is optional.*

**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.
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: ______________________________________________________________________________