

5. Examination Results. Castle will mail your examination results. All candidate scores are strictly confidential and will be released **ONLY** to the registered candidate by mail. Results will **not** be given to candidates by telephone, fax, or other means except by mail. If you haven't received your results by the end of three months, contact Castle at 800-655-4845 or 919-572-6880. Unsuccessful candidates will be provided with re-examination information with their exam results.

6. Items Allowed in Testing Room. For security reasons, candidates may not bring books, notebooks, magazines, newspapers, cameras, luggage, cell phones, beepers, pagers, and other mechanical or electrical devices (except for simple four-function calculators) into the examination room. *Possession of any such items may disqualify you from completing the examination.* All personal luggage and belongings must be left outside the examination room at your own risk.

7. Refunds. Note that fees submitted for examination testing are nonrefundable and nontransferable unless the refund request meets one of the following conditions: 1) The written cancellation request is **received** at Castle at least 35 days prior to the examination date. 2) There is a family emergency, such as hospitalization or death in the family. An acceptable refund will be *partial*, as a \$40.00 processing fee will be withheld.

8. Lunch and Parking. Candidates are responsible for their own lunch and parking. You will be asked to vacate the examination room during the lunch period. Consumption of food and beverage is **NOT** allowed in the exam room.

NOTE: Severe Weather Policy: The examination administration will be held as scheduled, provided the examination center is able to be opened. If a test center's status is questionable due to severe weather or a natural disaster, the examination administration may be cancelled. If you are unsure as to whether your test site is open, contact Castle at 800-655-4845.

Examination Selection and Fees

The fees listed below are in effect for the January 2012 administration of the examination. If you plan to take the examination in June 2012 or later, the fees may be different and you should request updated forms from the New York State Education Department by phone at 518-474-3817, ext. 250 or by e-mail at opforms@mail.nysed.gov.

Check the box below for the exam you will be taking and the fee you will be submitting. All checks or money orders must be in US funds drawn on a US bank. *Make checks payable to **Castle Worldwide, Inc.***

- New Candidates - \$205.00
 Re-Admit Candidates - \$205.00

Total Enclosed:

There will be a \$35 fee for all returned checks.

Amount

\$ _____

Payment Method

Check

Money Order

MasterCard

Visa

By completing my credit card information below, I authorize Castle Worldwide, Inc. to debit my credit card for the amount shown to the left.

Credit Card Number _____

Card Expiration Date _____

Name on Credit Card _____

Address of Cardholder _____

Signature _____

Statement of Affirmation

I have submitted a completed application form and licensure application fee to the New York State Education Department (NYSED) and have had my education/experience approved by NYSED. I understand and accept the fact that neither admission to nor successful completion of the examination can be construed as assurance that I have met any licensure requirements in New York State.

Furthermore, I understand that all fees paid to Castle in relation to this examination application are nonrefundable and nontransferable. I understand that every attempt, within reason, will be made to seat me at the test site I have selected, though the selected test site is **NOT** guaranteed. I also understand that I will be admitted only to the test site for which I have been scheduled by Castle. I agree that in the event that my examination papers are lost, or if the exam is not held for any reason, any claim I may have will be limited to the examination fee paid by me.

Under penalty of perjury, I declare and affirm that the statements made in this application, including any accompanying statements, are true and complete. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure.

Candidate Signature

Date