



# Cued American English Competency Screening-Receptive (CAECS-R) Candidate Application

## Test Candidate Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work/Cell phone

\_\_\_\_\_  
E-mail

### SECTION 1: CAECS-R TESTING HISTORY

Have you ever taken the CAECS-R before? YES  NO  (If no, skip to Section 2)

When did you most recently take the CAECS-R?

### SECTION 2: CAECS-R PROCTORING HISTORY

Have you ever proctored the CAECS-R for anyone else? YES  NO  (If no, skip to next section)

List the names of all test candidate(s) for whom you proctored the CAECS-R:

\_\_\_\_\_

\_\_\_\_\_

## Test Proctor Information

Who have you designated to be your proctor for the CAECS-R? This individual may not be a relative nor live in the same household. Proctors of the CAECS-R forego the ability to take certain forms of the test. You may wish to select a non-cuer.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work/Cell phone

\_\_\_\_\_  
E-mail

(Instructions and link will be sent to this email address.)

I have sent the \$50 non-refundable testing fee as a check by mail.  I have paid the \$50 through tecunit.org.   
 I attest that the above information is complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Checks should be made payable to: TECUnit, Inc. | 3057 Nutley Street, Suite 571, Fairfax, VA 22031 | 703.239.3433 (v/txt)