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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-02530 (08/2022) |  | **STATE OF WISCONSIN** |
| **APPLICATION FOR WISCONSIN'S TEST OF ENGLISH PROFICIENCY (TEP)ANDBOARD FOR EXAMINATION OF INTERPRETERS (BEI)** |
| Applicant First Name | Middle Name | Last Name | Date of Birth |
|  |  |  |  |
| Address |
|  |
| City | State | Zip Code | County |
|  |  |  |  |
| Phone Number | Email Address (Required) |
|  |  |
| List any other name or alias by which you have ever been known, including maiden, if applicable: |
|  |
| **Check the Test you are Applying to Take****Payment for the test you’re applying for is required for your application to be considered completed** |
| Test of English Proficiency (TEP) [ ]  $75.00 Wisconsin Resident[ ]  $110.00 Non-Resident |
| BEI (Basic) [ ]  $275.00 Wisconsin Resident [ ]  $310.00 Non-Resident |
| BEI (Advanced) [ ]  $300.00 Wisconsin Resident [ ]  $335.00 Non-Resident |
| BEI (Master) [ ]  $300.00 Wisconsin Resident [ ]  $335.00 Non-Resident |
| Please enter your top two preferred test days and times |  |  |  |  |
| Available test days and times are listed at <https://www.dhs.wisconsin.gov/odhh/bei.htm> |
| **Note:** The Office for the Deaf and Hard of Hearing will do our best to honor preferred test dates however we cannot make any guarantees. |
| Your cashier’s check or money order, made payable to the Office for the Deaf and Hard of Hearing, must accompany this request. Personal checks will not be accepted. Fees are non-refundable. |
| Application and payment should be sent to: |
|  | ODHHC/O TEP and BEI 1 West Wilson St., Room 558Madison, WI 53703 |
| **Qualifying Information** |
| **TEP** |
| [ ]  First Attempt | [ ]  Retake If retake list date: |  | If retake, in what state? |  |
| **BEI Basic** |
| [ ]  First Attempt | [ ]  Retake If retake list date: |  | If retake, in what state? |  |
| **BEI Advanced****Note**: Along with this application you must submit proof of your BEI basic certification or proof of a qualifying Registry of Interpreters for the Deaf (RID) certification. |
| [ ]  First Attempt | [ ]  Retake If retake list date: |  | If retake, in what state? |  |
| **BEI Master****Note**: Along with this application you must submit proof of your BEI advanced certification or proof of a qualifying Registry of Interpreters for the Deaf (RID) certification. |
| [ ]  First Attempt | [ ]  Retake If retake list date: |  | If retake, in what state? |  |
| To view what RID certifications qualify you to take the advanced and master level assessments please see the BEI FAQ at: <https://www.dhs.wisconsin.gov/odhh/bei-faq.htm> |
| **SIGNATURE** – Applicant | Date Signed |
|  |  |
| **For Office Use Only** |
| Application Received on Date |
|  |
| Notes: |