To be an approved local test administrator, LTA, for the EIPA you will be required to:

- Maintain security of all the testing materials. This includes all materials received in the testing case, stimulus tapes, manuals, warm-up materials, forms and the LTA manual.
- Administer the assessment carefully following the steps outlined in the Facilitator’s Guide.
- Ensure that each candidate’s testing experience is a positive experience and consistent with all the guidelines for proper test administration.
- Allow approximately three hours for each candidate to complete all paperwork, warm-up and administration of the Sign-to-Voice and Voice-to-Sign portion of the assessment.
- Be certain no materials are brought into the testing area by students.
- Do not leave any test materials in the warm-up or assessment area, except what is necessary for that portion of the test administration.
- Sign a security form accepting responsibility for maintaining the confidentiality of the EIPA materials.
- Submit a current resume
- Submit a letter of recommendation from a professional with supervisory responsibility for your position.

NAME: _______________________________________________________________________________________

ADDRESS:  ___________________________________________________________________________________

CITY/STATE/ZIP:   ______________________________________________________________________________

PHONE: ______________________________________________________________________________________

EMAIL: _______________________________________________________________________________________

WORK TITLE: ___________________________________________________________________________________

SCHOOL DISTRICT/AGENCY AFFILIATION: ______________________________________________________

SCHOOL DISTRICT/AGENCY ADDRESS: ________________________________________________________

____________________________________________________________________________________________
EIPA SCORE, RID CERTIFICATION, OR NAD LEVEL: ____________________________________________

SUPERVISORS NAME/AGENCY ADDRESS/ PHONE NUMBER:

WHY ARE YOU AN APPROPRIATE LTA?

EXPLAIN WHERE AND HOW YOU WILL MAINTAIN THE EIPA TESTING MATERIALS TO ENSURE THEIR SECURITY:

Signature and date: ________________________________________________________________

Supervisors signature and date: ________________________________________________

Send your application form, the Confidentiality Agreement, your current resume, and a letter of recommendation from a supervisor or another appropriate individual

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