Name of Local Test Administrator _________________________________________________

Address ______________________________________________________________________

________________________________________________________________________________

Phone ___________________________________________________________________________

Email ___________________________________________________________________________

This document confirms that you will treat with confidentiality all materials and testing
materials used within the Educational Interpreter Performance Assessment a product of
the EIPA Diagnostic Center at Boys Town National Research Hospital, Omaha, NE.
Specifically included within this agreement is the security and confidentiality of EIPA
testing videotape stimuli material.

My signature confirms that agree to be responsible for the security of EIPA testing
materials while these materials are in my possession.

If the confidentiality of the testing materials is compromised in any fashion while in my
possession, I will be held liable to Boys Town National Research Hospital and its
Educational Interpreter Performance Assessment Diagnostic Center. Liability will
include, but may not be limited to, full replacement cost for producing and
implementing new, comparable testing materials, and all costs incurred for necessary
adjustments to the EIPA testing system due to negligent oversight of these materials.
The individual serving as a test proctor (LTA) must review requirements stated below.
Your signature indicates that you agree with these conditions.

LTA Professional Criterion and Responsibilities

• Candidates providing LTA services must either have an EIPA score equivalent to
certification, RID certification, or substantial experience related to deaf
education and interpreting. LTA’s may not take any version of the EIPA that they
proctored.
• All test materials must be kept in a locked and secure location. This
location must only be accessible by the LTA.
• If there are to be extended periods where EIPA testing is not to be offered, return test materials to the EIPA Diagnostic Center and indicate to the Center when materials should be re-sent to the test location.
• Testing tapes are NOT to be copied for ANY reason.
• Candidate’s tapes are NOT to be copied for ANY reason.
• Be certain that candidates, during testing, are only exposed to the test stimuli materials they have selected. Classroom and child/teen signer tapes MUST NOT be left in the warm up area. The LTA should have tapes located in a secure area outside of the warm-up and testing area.
• Only official LTA’s are allowed to interact with the candidates or be in the testing area. No unofficial assistants are allowed.
• I understand I may charge the candidate a fee for administering the test and that the fee must be less than $75.00.

I have reviewed these requirements and agree to adhere to the standards of responsibility as outlined by this document. If I have any confusion or uncertainty about procedures, I agree to contact the EIPA Diagnostic Center prior to offering testing.

____________________________________
Signature, LTA Applicant

LTA Supervisor:

____________________________________
Address

____________________________________
Phone

Notary Date

EIPA Diagnostic Center Representative Date

Review conference call scheduled

Review conference call completed