

# Massachusetts Vocational Technical Teacher Testing Program

Greater Lowell Technical High School . Teacher Testing Program

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## 2016 – 2017 WRITTEN EXAM REGISTRATION FORM

**PLEASE READ AND COMPLETE ALL PARTS OF THIS REGISTRATION FORM AND RETURN TO THE ABOVE LISTED ADDRESS**

**NOTE:** Incomplete Registration Forms will be returned to Candidate for Completion

***\*\*Since participation in the performance exam is based upon passing the written exam it is necessary to register for a performance exam AFTER passing the written exam. A registration form for the performance exam will be enclosed in your written test results notification.\*\****

The Technical Teacher Testing Program **DOES NOT ACCEPT** Personal Checks.

**ALL PAYMENT OF EXAM FEES MUST BE IN THE FORM OF A BUSINESS CHECK, MONEY ORDER OR CASH.**

**\*\*Please do not mail cash\*\***

**MADE PAYABLE TO: GLTHS TEACHER TESTING**

**BE SURE TO ENCLOSE** Your Written Exam Fee. PLEASE CONSULT YOUR CANDIDATE HANDBOOK FOR INFORMATION REGARDING THE REFUND POLICY. Upon receipt of this COMPLETED Registration Form and your Exam Fee you will be sent an Admission Letter, an Outline of your Written Exam and a map to your Exam site.

### **Compliance with Exam Rules and Regulations**

*I state the following under the pains and penalties of perjury. I certify that I am eligible to take the Massachusetts Vocational Technical Teacher Skills Tests. I further certify that I have read and agree to abide by the conditions set in the Massachusetts Vocational Technical Teacher Testing Program Candidate Handbook including the Exam Rules and Regulations, I certify that I am the person whose name, address and social security number appears on this Vocational Technical Teacher Testing Program 2016-2017 Registration Form. I understand that incomplete, inaccurate, or missing information on this form may delay or jeopardize my registration.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Massachusetts Vocational Technical Teacher Testing Program

## Candidate Information

### PLEASE TYPE OR PRINT LEGIBLY

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*\*\*Your social security number is used for reporting your exam results to your DESE ELAR profile.*

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT.#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*\*\*Please provide a current E-mail address. The Program will send important testing information via E-mail.*

### Written Exams

#### **Written Exam Fee - \$150.00**

<u>Test Date</u>	<u>Deadline for Registration:</u>	<u>Emergency Registration Deadline</u>  <b><u>**Additional \$25.00 fee**</u></b>
<input type="checkbox"/> August 13, 2016	August 5, 2016	August 10, 2016
<input type="checkbox"/> September 10, 2016	September 2, 2016	September 7, 2016
<input type="checkbox"/> November 19, 2016	November 10, 2016	November 16, 2016
<input type="checkbox"/> *January 14, 2017 <i>Snow Date: January 21, 2017</i>	January 6, 2017	January 11, 2017
<input type="checkbox"/> March 11, 2017	March 3, 2017	March 8, 2017
<input type="checkbox"/> June 24, 2017	June 16, 2017	June 21, 2017

**All Registrations and Fees must be received by 3:00 p.m. on the deadline date.**

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## PLEASE INDICATE YOUR TECHNICAL WRITTEN EXAM AREA:

<input type="checkbox"/> 1 Agricultural Mechanics	<input type="checkbox"/> 25 Information Support Services & Networking
<input type="checkbox"/> 2 Automotive Collision Repair & Refinishing	<input type="checkbox"/> 26 Business Technology
<input type="checkbox"/> 3 Automotive Technology	<input type="checkbox"/> 27 Painting & Design Technologies
<input type="checkbox"/> 4 Baking	<input type="checkbox"/> 28 Plumbing
<input type="checkbox"/> 5 Building & Property Maintenance	<input type="checkbox"/> 29 Radio and Television Broadcasting
<input type="checkbox"/> 6 Cabinetmaking	<input type="checkbox"/> 30 Sheet Metal Working
<input type="checkbox"/> 7 Carpentry	<input type="checkbox"/> 31 Power Equipment Technology
<input type="checkbox"/> 8 Design & Visual Communications	<input type="checkbox"/> 32 Welding
<input type="checkbox"/> 9 Programming & Web Development	<input type="checkbox"/> 33 Medical Assisting
<input type="checkbox"/> 10 Cosmetology	<input type="checkbox"/> 34 Health Assisting
<input type="checkbox"/> 11 Culinary Arts	<input type="checkbox"/> 35 Dental Assisting
<input type="checkbox"/> 12 Diesel Technology	<input type="checkbox"/> 37 Horticulture
<input type="checkbox"/> 13 Drafting	<input type="checkbox"/> 38 Environmental Science & Technology
<input type="checkbox"/> 14 Electricity	<input type="checkbox"/> 39 Biotechnology
<input type="checkbox"/> 15 Electronics	<input type="checkbox"/> 40 Marketing
<input type="checkbox"/> 16 Fashion Technology	<input type="checkbox"/> 41 Engineering Technology
<input type="checkbox"/> 17 Graphic Communications	<input type="checkbox"/> 42 Early Education & Care
<input type="checkbox"/> 18 Heating-Ventilation-A.C.-Refrigeration	<input type="checkbox"/> 43 Stationary Engineering
<input type="checkbox"/> 19 Hospitality Management	<input type="checkbox"/> 44 Animal Science
<input type="checkbox"/> 20 Machine Tool Technology	<input type="checkbox"/> 45 Telecommunications & Fiber Optics
<input type="checkbox"/> 22 Marine Service Technology	<input type="checkbox"/> 46 Construction Craft Laborer
<input type="checkbox"/> 23 Mason and Tile Setting	<input type="checkbox"/> 47 Criminal Justice
<input type="checkbox"/> 24 Metal Fabrication & Joining Technologies	<input type="checkbox"/> 48 Robotics & Automation Technology

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**FOR PROGRAM OFFICE USE ONLY (DO NOT WRITE IN THE BOX BELOW)**

Money Order #:	_____	Amount:	_____
Bank ID #:	_____	Reg. Date:	_____
Cash/Receipt #	_____	Initial	_____