



National SLPI: ASL Services Application Form

Sign Language Proficiency Interview in American Sign Language
(NC ASLTA SLPI: ASL)

Name: _____

Address: _____

Email address: _____

VP number: _____

Mobile number: _____

Full report with diagnostic feedback. Fee: \$140

Please make the check of \$140.00 payable to **National SLPI:ASL Services** for a full report with diagnostic feedback for Advanced Plus or below. No diagnostic feedback will be needed for those who obtain the range of Superior and Superior Plus.

Agreement:

I agree that I have the right to file an appeal if I am not satisfied with the rating given by NC ASLTA SLPI: ASL within 30 days from the date of the letter informing me of the rating. The decision made by the appeal team will be final. I waive my right to file any legal action against NC ASLTA for any reason associated with the NC ASLTA SLPI: ASL. I will not hold NC ASLTA responsible for any effect upon my employment, including promotion or tenure.

Printed Name

Signature of Candidate

Date

Mail this form and payment to:

Ms. Raisa Philips
National SLPI: ASL Services
139 Tifton Circle
Cape Carteret, NC 28584

If you have any questions, contact either Cindy Decker-Pickell or Raisa Philips anytime at nationalslpiasl@gmail.com.