

English Language Learner (ELL) Special Arrangements Request

The Florida Board of Marriage and Family Therapy will authorize an approved applicant who is an English Language Learner (ELL) up to two (2) extra hours of testing time when taking the AMFTRB National Examination in Marriage and Family Therapy (AMFTRB National Examination). The applicant must pay the expense of the additional testing time. If this request is approved by the Board, the applicant must file the approval form with the testing company administering the AMFTRB National Examination at least eight (8) weeks prior to applicant's testing date to allow time to process the request. Payment for approved additional time shall be made to the testing company at time of test registration.

To apply for AMFTRB National Examination special testing arrangements based upon ELL status, please complete the following:

Legal Name: _____ Email: _____ Primary Telephone: _____	Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td></td> <td>Day</td> <td></td> <td>Year</td> <td></td> <td></td> </tr> </table> Your primary (first) language: _____								Month		Day		Year		
Month		Day		Year											
<p>ELL Special Arrangements Requested: Extra testing time (Check one box.) <input type="checkbox"/> 1 hour (\$45 extra time + \$350 exam fee = \$395 total paid to testing company; do <u>not</u> submit payment to the Board) <input type="checkbox"/> 2 hours (\$90 extra time + \$350 exam fee = \$440 total paid to testing company; do <u>not</u> submit payment to the Board)</p>															
<p>APPLICANT STATEMENT: In support of my request for ELL special testing arrangements, I am providing one or more of the following documents (check all that are provided; must check at least one):</p> <p>_____ (1) A Test of English as a Foreign Language (TOEFL) certification score of eight-five (85) or below, sent by Educational Testing Service directly to the Board. The TOEFL must have been taken within the previous five (5) years prior to application;</p> <p>_____ (2) Documentation, to the satisfaction of the Board, from the applicant's qualifying master's degree program that the program had granted an English as a second language arrangement to applicant while enrolled in the program. Such arrangements must have been provided within the previous five (5) years prior to application;</p> <p>_____ (3) Documentation, to the satisfaction of the Board, that applicant's qualifying master's degree was obtained from an educational institution outside the United States, and that coursework was presented primarily in a language other than English. Enrollment in this educational institution must have occurred within the previous five (5) years prior to application; OR</p> <p>_____ (4) A written statement from applicant in support of the ELL special testing arrangement request. Applicant may use Page 2 of this request form for this statement or attach a separate document. (Note: Such statement should address applicant's spoken language history from childhood to present day, language primarily utilized in educational settings from childhood to present day, and any other information the applicant believes relevant to the request for ELL Special Arrangements.)</p>															
<p>APPLICANT ATTESTATION: Under penalty of perjury, I declare that the information provided on this form and in support of my English Language Learner Special Arrangements Request is true. I understand that false information may be cause for denial of my application, cancellation of my AMFTRB National Examination score, or denial or loss of my license. I hereby certify that I personally completed this application and that I may be asked to verify the above information at any time. I FURTHER UNDERSTAND that (1) other licensing jurisdictions may not accept an AMFTRB National Examination score obtained with the use of an ELL Special Arrangement and I may be required to pass the AMFTRB National Examination again, without the benefit of extra testing time, to obtain licensure in that jurisdiction; and (2) use of an ELL Special Arrangement in taking the AMFTRB National Examination will be noted on my score report.</p>															
Applicant Signature _____ Date _____															
<p>FOR BOARD USE ONLY</p> <p>The ELL Special Arrangements Request for the above-named applicant is hereby APPROVED.</p> <p>Authorized Signature _____ Date _____</p> <p>Print Name: _____ Title: _____</p>															

Please MAIL, FAX or EMAIL Request To:

Department of Health
Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling
4052 Bald Cypress Way BIN C-08
Tallahassee, FL 32399

Retain a copy of this form and all other application documents for your records.
 The Board reserves the right to modify or suspend this ELL Special Arrangement policy at any time without notice.

