



**7A. Test area** for which you **originally** registered (see "Test Sites"):

Code	Area
<input type="text"/> <input type="text"/> <input type="text"/>	_____

**7B. New test area:** If you are changing your test area, enter the new area at which you prefer to take the test.

Code	Area
<input type="text"/> <input type="text"/> <input type="text"/>	_____

**8A. Original test selection:** Indicate the tests for which you **originally** registered, and calculate your Original Total Test Fee.

Test Code	Test/Subtest Name	Test Fee
<input type="text"/> <input type="text"/> <input type="text"/>	_____	\$ <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	_____	\$ <input type="text"/> <input type="text"/>

**Original Total Test Fee** .....\$ \_\_\_\_\_

**8B. New test selection:** Indicate the tests for which you now wish to be registered, and calculate your New Total Test Fee and the New Total Fee.

Test Code	Test/Subtest Name	Test Fee
<input type="text"/> <input type="text"/> <input type="text"/>	_____	\$ <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	_____	\$ <input type="text"/> <input type="text"/>

**New Total Test Fee**.....\$ \_\_\_\_\_

Change of Registration Fee ..... + \$15

**New Total Fee**.....\$ \_\_\_\_\_

**8C.** If the New Total Fee is higher than the Original Total Test Fee, you must pay the difference.

New Total Fee (from 8B).....\$ \_\_\_\_\_

Original Total Test Fee (from 8A) ..... - \$ \_\_\_\_\_

**Difference**.....\$ \_\_\_\_\_ **Enclose this amount.**

**(Make check or money order payable to Evaluation Systems.)**

**8D.** If the Original Total Test Fee is higher than the New Total Fee, you will receive a refund for the difference after the test administration. If you are now removing tests that you will need to take in the future, you will need to register for those tests again when you wish to take them.

Check here for a refund.

**9.** I have read the 2009–2010 ORELA Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I understand that incomplete, inaccurate, or missing information on the form may delay or jeopardize my registration. Also, I understand that this form must be **received** by the late registration deadline.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF THIS FORM IS NOT SIGNED OR IS NOT ACCOMPANIED BY THE CORRECT PAYMENT,  
IT WILL BE RETURNED TO YOU UNPROCESSED.**

**THIS FORM MUST BE RECEIVED BY THE LATE REGISTRATION DEADLINE OF THE EARLIER OF THE  
TWO ADMINISTRATION DATES YOU INDICATED IN SECTION 6 (THE TEST DATE FOR WHICH YOU  
ORIGINALLY REGISTERED OR THE NEW TEST DATE).**

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