

NOCTI REGISTRATION FORM

1. APPLICANT'S NAME:

_____ Last First M.I.

2. ADDRESS:

_____ Street City State Zip Code

3. PHONE:

_____ Home School or Business Cellphone

4. EMAIL ADDRESS:

5. GENDER (circle one):

Male Female

6. DATE OF BIRTH:

_____ Month Day Year

7. SOCIAL SECURITY NUMBER:

8. PLACE OF EMPLOYMENT:

9. NOCTI EXAM YOU PLAN TO TAKE:

10. TEST CODE #

11. TEST CENTER:

_____ As Assigned

12. APPLICANT'S SIGNATURE:

13. DATE:

**A CHECK FOR \$450.00 (made out to Pittsburg State University)
MUST ACCOMPANY THIS APPLICATION.
NO TESTS WILL BE ORDERED WITHOUT THIS FEE.**

PLEASE RETURN THIS APPLICATION FORM to one of the NOCTI Teacher Testing Coordinators:

Greg Belcher, NOCTI Skills Testing Coordinator Technology and Workforce Learning Department Kansas Technology Center, Room E227d Pittsburg State University Pittsburg, KS 66762 Phone: 620-235-4637	Jon Jones, NOCTI Testing Coordinator Technology and Workforce Learning Department Kansas Technology Center, Room E201b Pittsburg State University Pittsburg, KS 66762 Phone: 620-235-4998
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