w!se
working in support of education

Certification in Personal Finance Test
District Registration

Directions: The Authorized District Administrator should complete Section A and the Test Proctor should complete Section B. If the Administrator is the Proctor, Sections A and B must both be completed. Please return the completed form to Dario Stipisic at dstipisic@wise-ny.org or by fax at (212) 980-5053. For questions, please call (212) 421-2700.

SECTION A: Completed by Authorized District Administrator

Name of District _____ State _____

District Address _____ City _____ Zip Code _____

Number of Test Takers _____ Date of Test _____

Test Location (if different from district address) _____

I understand and acknowledge that the W!se Certification in Personal Finance Test is to be proctored by a district or school-based administrator and the cost of the Test is $50 per Test administered. Should a teacher fail the Certification Test, I understand they must wait three months before re-taking the Test and submit another payment of $50.

District Administrator's Name (print) First _____ Last _____

Title _____

Signature _____

Phone Number _____ Email Address _____

SECTION B: Completed by Test Proctor

Working in Support of Education ("W!se") acknowledges that I will proctor W!se's Certification in Personal Finance Test to a teacher (s) in my district.

I will not, under any circumstance access, review or take the Test prior to the day on which I administer the Test to the teacher (s) for whom I am the proctor.

Name (print) First _____ Last _____

Title _____

Name of Organization (if different from district) _____

Address _____ City _____ Zip Code _____

Signature _____ Date _____

Phone Number _____ Email Address _____