

Florida Teacher Certification Examinations 2010 TEST DEVELOPMENT COMMITTEE NOMINATION FORM

To nominate one or more of your colleagues for committee involvement, please complete this form and fax it to the Committee Recruitment Group at the Evaluation Systems group of Pearson at (866) 565-4877.

Tell us about yourself.

1. Salutation: _____ Name: | _____ | _____ | _____
(Dr./Mr./Mrs./Ms.) (First Name) (Middle) (Last Name)
2. School District: _____
3. School/Institution affiliation: _____
4. Title/position: _____
5. E-mail address: _____
6. Telephone number: () _____ Extension: _____ TDD? Yes No

Please list the names of Florida educators whom we may contact to assist us with test development activities for the following fields:

- Health Education K–12
- Physical Education K–12

Your assistance is appreciated.

Salutation: _____ Name: _____ _____ _____ (Dr./Mr./Mrs./Ms.) (First Name) (Middle) (Last Name)
School/Institution affiliation: _____
School District: _____
Address: Line 1 _____ (If indicating a P.O. Box, please include actual street address for FedEx purposes.)
City: _____ State: _____ ZIP: _____
The above address for correspondence is: <input type="checkbox"/> Home <input type="checkbox"/> Work
Telephone number: () _____ Extension: _____ TDD? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail address: _____ Field: _____

Salutation: _____ Name: _____ _____ _____ (Dr./Mr./Mrs./Ms.) (First Name) (Middle) (Last Name)
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E-mail address: _____ Field: _____