

**Application for Wisconsin's Test of English Proficiency (TEP)
and
Board for Examination of Interpreters (BEI)**

Applicant First Name	Last Name	Preferred Name (if applicable)	Date of Birth
Address			
City	State	ZIP Code	County
Phone Number	Email Address (Required)		

List any other name or alias by which you have ever been known, including maiden, if applicable:

Check the Test you are Applying to Take

Payment for the test you're applying for is required for your application to be considered completed

- | | |
|-----------------------------------|------------------------------------------------------|
| Test of English Proficiency (TEP) | <input type="checkbox"/> \$75.00 Wisconsin Resident |
| | <input type="checkbox"/> \$110.00 Non-Resident |
| BEI (Basic) | <input type="checkbox"/> \$275.00 Wisconsin Resident |
| | <input type="checkbox"/> \$310.00 Non-Resident |
| BEI (Advanced) | <input type="checkbox"/> \$300.00 Wisconsin Resident |
| | <input type="checkbox"/> \$335.00 Non-Resident |
| BEI (Master) | <input type="checkbox"/> \$300.00 Wisconsin Resident |
| | <input type="checkbox"/> \$335.00 Non-Resident |

Please enter your top two preferred test days and times _____

Available test days and times are listed at <https://www.dhs.wisconsin.gov/odhh/bei.htm>

Note: The Office for the Deaf and Hard of Hearing will do our best to honor preferred test dates however we cannot make any guarantees.

Your cashier's check or money order, made payable to the Office for the Deaf and Hard of Hearing, must accompany this request. **Personal checks will not be accepted.** Fees are non-refundable.

Application and payment should be sent to:

ODHH
C/O TEP and BEI
201 E. Washington Ave.
PO Box 2659
Madison, WI 53701-2659

Qualifying Information**TEP**

☐ First Attempt ☐ Retake If retake list date: _____ If retake, in what state? _____

BEI Basic

☐ First Attempt ☐ Retake If retake list date: _____ If retake, in what state? _____

BEI Advanced

Note: Along with this application you must submit proof of your BEI basic certification or proof of a qualifying Registry of Interpreters for the Deaf (RID) certification.

☐ First Attempt ☐ Retake If retake list date: _____ If retake, in what state? _____

BEI Master

Note: Along with this application you must submit proof of your BEI advanced certification or proof of a qualifying Registry of Interpreters for the Deaf (RID) certification.

☐ First Attempt ☐ Retake If retake list date: _____ If retake, in what state? _____

To view what RID certifications qualify you to take the advanced and master level assessments please see the BEI FAQ at: <https://www.dhs.wisconsin.gov/odhh/bei-faq.htm>

Signature – Applicant**Date Signed****For Office Use Only**

Application Received on Date

Notes: