

**Ken Lawson**, Secretary

**Rick Scott**, Governor

# **Examination Evaluation Questionnaire**

## **Part A**

**Bureau of Education and Testing  
Psychometrics and Research Unit**

# EXAMINATION EVALUATION QUESTIONNAIRE

## PART A

*Part A is designed to provide us with a general understanding of the organization providing the examination..*

*Part B will address the psychometric soundness of the examination. Part B will be sent if our evaluation of Part A indicates that the organization providing the examination meets the requirements of 61-11.015 FAC.*

### **EXAMINATION DESCRIPTION**

1. What is the name of this examination?

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2. What profession is licensed or certified through this examination?

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3. When was this examination first offered?

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### **EXAMINATION PURPOSE**

4. What is the purpose of this examination?

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5. What level of performance is this examination designed to determine/measure (e.g., minimum competency)?

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6. Indicate the type of certification or licensure that applies to this examination.

Certification examination which candidates take on a voluntary basis

National Board examination used for licensure or certification

Other (specify) \_\_\_\_\_

**ASSOCIATION TYPE**

7. Is the examination developed for a national professional association, board, council or society (herein after referred to as the association)?
- Yes
- No

8. What is the name of the national association? Include a copy of the association's by-laws and most recent annual report.

Association Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

9. Association's contact person regarding this examination:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

10. Provide a brief description of the association's history and purpose. Include the year when the association began operating.

\_\_\_\_\_  
\_\_\_\_\_

11. What are the names and addresses of the association's current Board of Directors?

\_\_\_\_\_  
\_\_\_\_\_

**ASSOCIATION MEMBERSHIP**

- 12. Include a list of any state government licensing boards or councils that use this examination for licensure or certification.
  
- 13. Include a listing of the **number** of individual members in the association, by State, who have been licensed or certified through this examination.
  
- 14. Include a copy of the document or affidavit, signed by the association, which establishes the relationship between the association and the testing company.
  
- 15. Indicate the contact person for questions regarding responses to this survey:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**CERTIFICATION STATEMENT**

16. Certification: The undersigned hereby certifies that all responses to this survey are correct to the best of his or her knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print)

Checklist of Enclosures:

- copy of the association's by-laws (question #8)
- copy of the association's most recent annual report (#8)
- list of any state government licensing boards or councils which are members of the association (#12)
- list of any state government licensing boards or councils which use this examination for licensure or certification (#12)
- list of the number of individual members in the association, by State, who have been licensed or certified through this examination (#13)
- copy of the document or affidavit, signed by the association, which establishes the relationship between the association and the testing company (#14)