



ACTFL WPT
WRITING PROFICIENCY TEST

Application for ACTFL WPT Rater Certification

(Please Type or Print In Ink)

Complete the form (a current resume or CV must also accompany this application) and return by email to rmalky@actfl.org

First Name Middle Initial Last Name

Home Mailing Address

City State Zip Code (Country if other than US)

Email address (Home) Phone (Work) Phone

Institutional Affiliation

Work Address

City State Zip Code (Country if other than US)

Site of Original Training Workshop Date

Trainer _____ Language of Training _____

Language of Certification _____

- | | |
|-----------------------------------------------|---------|
| a. WPT Rater Full Certification | \$75 |
| b. WPT Rater Recertification (Track A) | \$25 |
| c. WPT Rater Recertification (Track B) | \$50 |
| d. Extra Round - Single Level | \$25 |
| e. Extra Round - Multi Level | \$35 |
| f. Certification Deadline Extension (30 days) | \$50 |
| g. Other _____ | \$..... |

All applications must include full payment by check or be accompanied by complete credit card information.

Payment Information

Check Payable to ACTFL
Credit Card Authorization: VISA, MC, AMEX (please circle one)

CC# _____

Expiration Date _____

Name on Card _____

Signature (all forms must be signed)

Office Use Only

Check _____

Name _____

Amount _____

Date _____

Initials _____