

ACADEMIC INSTITUTIONAL UPGRADES

Advisory OPIs, conducted by a certified tester within your own academic institution, may be forwarded to the ACTFL Testing Office, LTI, to be made official. This process is called an **Academic Institutional Upgrade**.

To submit an OPI for upgrade, all of the following conditions must be met:

- The tester is currently ACTFL certified and is a tester in good standing.
- The Advisory OPI must be conducted within the certified tester's own academic institution.
- The candidate is a member of the same academic institution or academic community.
- The tester is not related to the candidate by family, friendship, employment, protracted academic contact or other relationship which might impinge on the neutrality of the test.

To administer and submit Advisory OPIs for Institutional Upgrades, you must:

- Verify the candidate's ID (picture ID required).
- Conduct and record an MP3 audio recording of a face-to-face OPI.
- Submit a **RATABLE SAMPLE** with completed *Academic Institutional Upgrade Application* and payment forms, along with \$40 payment to: support@languagetesting.com.

For questions regarding submitting materials, please contact LTI at: support@languagetesting.com.

To conduct a ratable sample and assign an Advisory OPI Rating, you should:

- Adhere to the OPI testing and rating protocols outlined in your ACTFL OPI Tester Training Manual.
- Refer to the *ACTFL Proficiency Guidelines – Speaking (Revised 2012)* to assign a rating.

Reporting an Advisory OPI Rating:

- Testers may not issue certificates for Advisory OPI Ratings nor represent Advisory OPI Ratings as Official OPI Ratings.
- Testers may report an Advisory OPI Rating for verification using an "Advisory OPI Rating Report" letter, which must include:
 - tester's name,
 - candidate's name,
 - language of the interview,
 - date of the interview, and
 - rating
- The letter must also state that the rating is an Advisory OPI Rating only.

ACTFL ORAL PROFICIENCY INTERVIEW ACADEMIC INSTITUTIONAL UPGRADE APPLICATION

Name of Candidate's Academic Institution: _____

Candidate's Name: _____

Candidate's Address: _____

City: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____

Email Address: _____

If the candidate is applying for teacher licensure for a particular state, please indicate to which state you would like LTI to report your official OPI rating:

Candidate's Signature: _____

Certified Tester's Name _____

Date of Face to Face OPI: _____ Language: _____ Rating _____

Certified Tester's Signature _____

In providing my signature as a certified Tester, I acknowledge that I have seen the candidate's photo ID confirming his/her identity as the interviewee in this OPI and verify that all other information provided on this application form is correct.

Submit this completed application with the following materials and email to address below:

- **The recording of the OPI**
- **Credit Card payment information emailed to LTI**

(Select one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	(Complete) Card Number: _____ Exp. Date: _____ Name on Card: _____ Signature: _____
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Tel: 914-963-7110

E-mail to: support@languagetesting.com
