

Please return this completed form to:

State of New York
MASSAGE THERAPY
Examination Scheduling Form – August 29, 2013

Castle Worldwide, Inc.
Attn: NY Exams
P.O. Box 570
Morrisville, NC 27560
(800) 655-4845 or (919) 572-6880

Please type or print clearly in black/blue ink **all** the following information. **Be sure to sign the Statement of Affirmation.**

Last Name _____

First Name _____

Middle Name _____

Social Security Number _____ - _____ - _____

Birth Date _____ / _____ / _____
mo day year

Telephone Number (Home) _____ (Work) _____

Street Address _____

City _____

State _____ Zip Code _____ E-mail _____

NOTE: This form must be mailed and postmarked by the deadline shown below.

Exam Date: August 29, 2013
Postmark Deadline: June 1, 2013

Examination Date: **August 29, 2013**

Check Examination Site:

- New York City
- Buffalo (August Only)
- Syracuse

Reasonable Accommodations

If you have a disability and wish to request reasonable accommodations, please check this box

To request reasonable accommodations, contact the Professional Examinations Unit of the Office of the Professions at OPEXAMS@mail.nysed.gov or at (518) 474-3817, ext. 290 as soon as you decide to apply for the examination. You are not automatically approved for any accommodations you received in school; you must apply to the Exams Unit separately for approval. All accommodations requests, as well as documentation, must be received by the postmark deadline.

General Information Regarding the Examination

1. Examination Admission Letters. You may wish to send your scheduling form via certified mail if you require confirmation that Castle Worldwide, Inc. has received your scheduling form. Castle will send your admission letter approximately three (3) weeks before the date of the examination. The letter includes your registration number, the exam date and exact address of the exam location, and the time you must arrive to take the exam. If you lose your admission letter, or if it has not arrived 10 days prior to the exam date, contact Castle at 800-655-4845 or at 919-572-6880. Note that late arrivals to the examination site may not be allowed to take the examination and will not be allowed to make up any time lost.

2. Items You Should Bring to the Examination Site. Please bring your admission letter and a current government-issued photo ID with your signature (i.e., driver's license).

3. No Guests are Allowed at the Examination Site. Only scheduled candidates will be permitted inside the examination site. No visitors, including children, are allowed at any time in any examination room.

4. Testing Environment. Every attempt, within reason, is made to ensure a quiet and comfortable testing environment for all candidates. However, last-minute needs and emergencies by building operators cannot be anticipated. We suggest that you bring appropriate clothing with you (i.e., a jacket, a sweater) to help you adapt to a cooler or warmer climate in the examination room. Bring earplugs if you are very sensitive to noise distractions.

5. Examination Results. Castle will mail your examination results. All candidate scores are strictly confidential and will be released **ONLY** to the registered candidate by mail. Results will not be given to candidates by telephone, fax, or other means except by mail. If you haven't received your results by the end of three months, contact Castle at 800-655-4845 or at 919-572-6880. Unsuccessful candidates will be provided with re-examination information with their exam results.

Please turn to the back of this page.

6. Items Allowed in Testing Room. For security reasons, candidates may not bring books, notebooks, magazines, newspapers, cameras, luggage, cell phones, beepers, pagers, and other mechanical or electrical devices into the examination room. Possession of any such items may disqualify you from completing the examination. All personal luggage and belongings must be left outside the examination room at your own risk.

7. Refunds. Note that fees submitted for examination testing are *nontransferable and nonrefundable* unless the refund request meets one of the following conditions: 1) The written cancellation request is **received** at Castle at least 35 days prior to the examination date. 2) There is a family emergency, such as hospitalization or death in the family. An acceptable refund will be *partial*, as a \$40.00 processing fee will be withheld.

8. Lunch and Parking. Candidates are responsible for their own lunch and parking. Consumption of food and beverage is NOT allowed in the exam room.

NOTE: Severe Weather Policy: The examination administration will be held as scheduled, provided the examination center is able to be opened. If a test center's status is questionable due to severe weather or a natural disaster, the examination administration may be cancelled. If you are unsure as to whether your test site is open, contact the Castle office at 800-655-4845.

Examination Selection and Fees

The fees listed below are in effect for the August 2013 administration of the examination. If you plan to take the examination in January 2014 or later, the fees may be different and you should request updated forms from the New York State Education Department by phone at 518-474-3817, ext. 270 or by e-mail at opforms@mail.nysed.gov, or you may download a scheduling form by going to www.castleworldwide.com/nysed. Click on "Massage Therapy Exam Scheduling Form." You may then print the form.

Check the appropriate box below for the exam you will be taking and the fee you will be submitting. All checks or money orders must be in US funds drawn on a US bank. *Make checks payable to Castle Worldwide, Inc.*

- New candidate \$250
 Re-admit candidate \$250

Total Amount Enclosed: \$ _____

There will be a \$35 fee for all returned checks.

Payment Method Check Money Order
 MasterCard Visa

By completing my credit card information below, I authorize Castle Worldwide, Inc. to debit my credit card for the amount shown to the left.

Credit Card Number _____

Card Expiration Date _____

Address of Cardholder _____

Signature _____

Statement of Affirmation

I have submitted a completed application form and licensure application fee to the New York State Education Department (NYSED) and have had my education/experience approved by NYSED. I understand and accept the fact that neither admission to nor successful completion of the examination can be construed as assurance that I have met any licensure requirements in New York State.

Furthermore, I understand that all fees paid to Castle Worldwide, Inc. in relation to this examination application are nonrefundable and nontransferable. I understand that every attempt, within reason, will be made to seat me at the test site I have selected, though the selected test site is NOT guaranteed. I also understand that I will be admitted only to the test site for which I have been scheduled by Castle. I agree that in the event that my examination papers are lost, or if the exam is not held for any reason, any claim I may have will be limited to the examination fee paid by me.

Under penalty of perjury, I declare and affirm that the statements made in this application, including any accompanying statements, are true and complete. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure.

Candidate Signature

Date

IMPORTANT: In order to be admitted into the examination, please be sure that your first and last name written on this scheduling form matches your first and last name EXACTLY as it appears on your current, government-issued photo ID with your signature.