

ILA Oral Proficiency Interview (OPI) Registration Form

Please read the requirements for registration before completing this registration form.
Incomplete registration forms will be returned. This is a two-page document.
Please see Frequently Asked Questions for important information.

1. Personal Information (Print one letter in each space for names.) **PLEASE PRINT CLEARLY**

Circle One: Mr. Miss Mrs. Ms. Dr.

Family Name _____

First Name _____

Address _____ Apartment _____
NUMBER STREET NUMBER AND/OR LETTER

City, State, Zip _____

Home Phone Number _____ Daytime Phone _____

Date of Birth _____ Email Address _____

Native Country _____ Native Language _____

- 2. Check One:** I currently hold a **temporary Maryland license** and/or I am seeking an **Endorsement**.
 I am planning to take the **NCLEX**.

- 3. Check One:** Please send my ILA OPI score report to **The Maryland Board of Nursing and me**.
 Please send my ILA OPI score report **only to me**.

A fee of \$18 is charged for any additional score reports requested after the date of your interview.

- 4. Check One:** I give ILA permission to use my recorded interview for research and instructional purposes only.
 Yes No

- 5. Payment:** The fee for the ILA OPI is \$140.00 payable only by personal check, money order, or U.S. postal money order. **All foreign checks must be payable through a United States bank.** Please make your payment payable to **ILA** and mail it with this completed registration form to:

INTER-AMERICAN LANGUAGE ASSOCIATES, INC.
6400 Baltimore National Pike # 211
Catonsville, Maryland 21228

PLEASE NOTE THE FOLLOWING:

- * **The offices of Inter-American Language Associates are NOT located at the address above. Interviews are not conducted at the above address.**
- * **ILA OPI registration can be made only by U.S. mail or a delivery service (FedEx, UPS) to the above address.**

6. Interview Schedule Through March 06, 2010

PLEASE READ CAREFULLY

Friday	December	05	5:00 p.m. - 8:00 p.m.	Saturday	January	23	8:00 a.m. - 4:00 p.m.
Saturday	December	06	8:00 a.m. - 4:00 p.m.	Friday	February	05	5:00 p.m. - 8:00 p.m.
Friday	December	18	5:00 p.m. - 8:00 p.m.	Saturday	February	06	8:00 a.m. - 4:00 p.m.
Saturday	December	19	8:00 a.m. - 4:00 p.m.	Friday	February	19	5:00 p.m. - 8:00 p.m.
Friday	January	08	5:00 p.m. - 8:00 p.m.	Saturday	February	20	8:00 a.m. - 5:00 p.m.
Saturday	January	09	8:00 a.m. - 4:00 p.m.	Friday	March	05	5:00 p.m. - 8:00 p.m.
Friday	January	22	5:00 p.m. - 8:00 p.m.	Saturday	March	06	8:00 a.m. - 5:00 p.m.

Please indicate your preference of interview dates and times. Oral interviews are normally scheduled on the hour (for example: 8:00, 9:00, and 10:00). ILA will attempt to schedule your interview on one of your preferred dates and times, but can not guarantee that it will be able to do so. **To increase your chances of being assigned an interview date and time that fit your schedule, and to avoid delays in the processing of your registration, please choose dates at least ten days beyond the date on which you mail this registration form.**

7. Indicate Your Preferred Dates Below:

<i>Examples: 1st Preferred Date <u>Friday, December 18</u> Preferred times: <u>anytime</u></i> <i>2nd Preferred Date <u>Saturday, January 9</u> Preferred times: <u>8:00 - 12:00</u></i>

NOTE: PLEASE FILL IN EACH DATE SPACE WITH A DIFFERENT DATE

1 st Preferred Date _____	Preferred times: _____
2 nd Preferred Date _____	Preferred times: _____
3 rd Preferred Date _____	Preferred times: _____

8. Please Read Carefully. See **Frequently Asked Questions** for more information. **Your registration can not be cancelled. No refunds will be issued. Interviews are conducted only in the Baltimore, Maryland, metropolitan area.** If for **any reason** you can not be present for the interview or if you are more than thirty minutes late for your interview, you will receive a credit of \$30.00 toward a future interview session. The remainder of your payment will be retained by ILA to cover its expenses related to the processing of your registration, the holding of space, reserving your interview appointment time, and reserving the time of the ILA OPI professional interviewer. All recorded interviews are property of ILA, Inc. **Please note that there is a \$35.00 charge for returned checks. You are permitted to change your interview date and time.** You must make the request for a change at least seven (7) business days before your scheduled interview date. **No changes can be made if there are fewer than seven business days prior to your interview.** A confirmation of your interview time and location will be sent to you immediately upon receipt of this completed registration form. **ILA can not assume responsibility for registration confirmations and interview reminders lost in the mail.**
INCLEMENT WEATHER STATEMENT: ILA may determine that inclement weather conditions require the involuntary re-scheduling of your interview. You will be notified as early as possible if your interview must be re-scheduled to an alternate date due to hazardous travel conditions. ILA will not assume responsibility for any losses incurred as a result of the postponement and re-scheduling of your interview.

9. Write in pen (do not print) the following agreement and then sign on the signature blank:

"I agree to the conditions appearing on this ILA OPI registration form concerning fee payment, non-cancellation of registration, and other policies included in item 8 above. I also verify that I am the person whose name and address appear on this registration form."

10. _____
SIGNATURE

11. _____
DATE