



<b>Mail to:</b> <b>Italian Assessor Agency</b> <b>Italian Cultural Society</b> <b>P. O. Box 189427</b> <b>Sacramento, CA 95818</b>	<u>Reserved to IAA:</u> Fee information:  Notes:
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**Application for Italian Language Test**

Session: \_\_\_\_\_ Year: 2015 Site: \_\_\_\_\_ **Sacramento** \_\_\_\_\_

(Type or print all fields)

Social Security Number:		Date of birth (MM/DD/YYYY):	
<b>Applicant's Name:</b> _____ (First) (Middle) (Last)			
<b>All Former/Maiden Name(s):</b>			
Address:		City, State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-mail Address:			

Please note:

- 1- This application and fee are only for the Italian Language Test. Our responsibility is limited to administering the test and to reporting your result to the CCTC. The test fee is \$103. The check or money order must be made payable to the "Italian Cultural Society - IAA" and attached to this application.
- 2- Only the California Commission on Teacher Credentialing can evaluate if you are entitled to an Italian Teaching Credential. You must apply to the CCTC ([www.ctc.ca.gov](http://www.ctc.ca.gov)). For the other test (General Linguistics; Linguistics of the Target Language; Literary and Cultural Texts and Traditions; Cultural Analysis and Comparisons) please check out the CCTC website. You must pass both tests and comply with other CCTC requirements to obtain the Italian Teaching Credential.

I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

**SIGNATURE OF APPLICANT**

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