Fall 2015 TEAS V Testing Schedule

Registration & Payment Options:
1. Complete the registration form and fax to the Testing Center at 870.574.4734, email it to ecross@sautech.edu, or bring it to Enrollment Services on or before the registration deadline. **Same day registration is not permitted.**

2. Pay the non-refundable $55 testing fee to the Business Office by cash, credit card, check, or money order and bring the receipt to the Testing Center to check in on your testing date.

3. Create a student account at [www.atitesting.com](http://www.atitesting.com) at least 24 hours in advance prior to arriving to test.

Testing Guidelines:
- Provide **valid** photo identification – **No exceptions.**
- Candidates should arrive at least 15 min early to check in for exam; late examinees will not be admitted.
- The test is electronically timed and usually lasts 3 ½ hours.
- Study guides are available at [http://www.atitesting.com/Solutions/PreNursingSchool/TEAS.aspx](http://www.atitesting.com/Solutions/PreNursingSchool/TEAS.aspx)
- Score reports will be provided immediately following the test. Candidates must obtain additional copies by logging on to the student account at [www.atitesting.com](http://www.atitesting.com).
- **Cell phones and other cellular and electronic devices are strictly prohibited in the testing center.** Candidates will be dismissed and their scores cancelled if his/her cellular or electronic device sounds during testing.
- Testing accommodation requests must be made through the Enrollment Services Office at least one week prior to the desired test date.
- Testing is available on a first-come, first-served basis.

Visit our website to view this schedule and other useful testing information at [www.sautech.edu/studentResources/testingCenter.aspx](http://www.sautech.edu/studentResources/testingCenter.aspx)
TEAS V® Information Sheet

Candidates must create a student account at www.atitesting.com at least 24 hours in advance prior to arriving to test.

REQUIREMENTS FOR TAKING THE TEAS® EXAM
1. Complete and submit the test registration form via fax, email or in person on or before the test deadline.
2. Pay the $55 testing fee to the Business Office.
3. Create a student account at www.atitesting.com

WHEN AND WHERE TO TAKE THE TEAS®
The test is administered in the Testing Center, located at SAU Tech on the second floor of the Administration Building Room 200 according to a predetermined schedule, on a first-come, first-served basis.

TEST CONTENT
The Test of Essential Academic Skills (TEAS®) is a multiple-choice assessment of basic academic knowledge in reading, mathematics, science, and English and language usage.

LENGTH OF EXAM
The TEAS® exam is electronically timed and usually lasts 3 ½ hours. Calculators may NOT be used for the test.

EXAM COST
The test fee is $55.00 and is non-refundable. Testing fees must be paid in the Business Office, located on the 1st floor of the Administration Building at SAU Tech, only by cash, check, credit card, or money order.

PREPARING FOR THE EXAM
Study guides can be purchased by contacting ATI at: 800.667.7531 or at this link: http://www.atitesting.com/Solutions/PreNursingSchool/TEAS.aspx.

TEST RESULTS
Results of the TEAS® appear as soon as the exam is finished. Candidates will receive a copy of his/her scores immediately following test administration and may access scores at any time through their ATI student account.

PASSING STANDARDS
Passing standards are determined by the institution or departmental allied health program.

RETESTING GUIDELINES
Candidates may test only twice in a calendar year including retests and must wait at least 10 days between tests.

GENERAL TESTING INFORMATION
☐ All candidates must present photo identification upon each visit to the testing center.
☐ Cell phone and other cellular devices are strictly prohibited in the testing center and must be powered off.
☐ Candidates should arrive for testing at least 15 minutes early. Late examinees will not be tested.
☐ Students may use only the scratch paper provided by testing staff. Calculators are not allowed or provided.
☐ Test accommodation requests must be made by contacting the Student Services Office at least 1 week prior to test date.
TEAS V® Registration Form

Test Date: ________________________________

Name: ____________________________________  Daytime Phone Number: __________________________

Email Address: ______________________________

Are you retesting?  ○ Yes  ○ No  (If yes, give last test date) ________________________________

Are you requesting test accommodations?        ○ Yes         ○ No             If yes, contact Student Services BEFORE submitting this form.

Eligibility Statement

I certify that I am applying to the SAU Tech Allied Health Nursing Program; and I will pay the $55.00 testing fee to The Business Office before arriving to test. I understand that this fee is non-refundable and valid for one year from the payment date. I also understand that I must submit the cashier’s receipt and VALID Photo ID at the same time to the testing center and that this form will be returned to the testing center on or before the registration deadline for the requested testing date.

Signature: ____________________________________  Date: __________________________

Score Cancellation Policy

I understand that cellular devices are STRICTLY prohibited in the testing center and that I must, upon arrival to test, turn off completely my cellular equipment. I further understand that my test scores will be cancelled and I will be promptly dismissed from the testing center for failure to abide by this policy.

Signature: ____________________________________  Date: __________________________

Candidate Behavior Statement

I agree to arrive at the testing center 15 min. before my scheduled test, with a valid form of photo ID. I agree to cooperate fully with testing staff at all times and follow all instructions given. I agree to turn off any cellular or electronic equipment and leave all personal belongings in my vehicle. I will respect the privacy of others and their right to test under conditions conducive to success. I further understand and agree to comply with all testing center policies and procedures. I understand fully that I will be dismissed from the center if I fail to adhere to policies and/or procedures set forth by the SAU Tech Testing Center.

Signature: ____________________________________  Date: __________________________

Special Note: READ CAREFULLY

□ When faxing or emailing this form, you must ensure each field is completed in its entirety and that your signature and date appears each time as indicated. Failure to do so will result in the form being rejected. YOU WILL BE REQUIRED TO PROVIDE A RECEIPT FOR YOUR TESTING FEE TRANSACTION ON TEST DAY.

□ Candidates without a Business Office receipt WILL NOT be allowed to test upon arrival. Payment of testing fees DOES NOT register you for the exam. You MUST submit this form to the Testing Center for proper registration.

□ Applicants may only retest twice within a calendar year. A waiting period of 10 days between tests is required.

□ Candidates must create a student account at www.atitesting.com at least 24 hours in advance prior to arriving to test.

□ This form must be submitted to the Testing Center on or before the registration deadline. Same day registration is not allowed.