

## LSL Exam – Retest Scheduling Request Form

**Applicants who do not pass the LSL exam after the first attempt must wait at least three months (90+ days) in between each test administration before re-taking the LSL exam.**

Section 1: LSLS Information		
Last Test Date	Requested Retest Quarter	
Last Name (as it appears on our records)	First Name and Middle Initial (as it appears on our records)	
Email Address (to confirm receipt of this form)		
Section 2: Address/Phone Number Change		
<b>If your contact information has changed, please provide updated information. If there is no change you may leave this section blank.</b>		
NEW Address (include apartment number)		
NEW City	NEW State	NEW Zip Code
NEW County	NEW Phone Number	
NEW Email Address		
Section 3: Retest Document Checklist		
<b>Applicants who do not pass the LSL exam upon three (3) test administrations must submit the following documents.</b>		
<input type="checkbox"/>	Attachment D: Hours of Professional Experience (15)	
<input type="checkbox"/>	Attachment C-1: Hours of Continuing Education Units in LSLS Topics with supporting documentation (3)	
<input type="checkbox"/>	Attachment C-3: Hours of Structured Observation of a Certified LSLS Professional Verification Forms (1)	
<input type="checkbox"/>	Attachment F-1: Mentor’s Observation and Evaluation (1) Attachment F-2: Mentee’s Self-Evaluation (1)	
Section 4: Payment Information		
Select retest fee amount: <input type="checkbox"/> \$250 for members of the AG Bell Association <input type="checkbox"/> \$350 for non-members		
Select payment method: <input type="checkbox"/> check or money order # _____ is enclosed <input type="checkbox"/> please bill my credit card		
Credit Card Number	Expiration Date	Security Code
Print Cardholder Name		
LSLS Applicant Signature		

**Forms should be sent to AG Bell Academy, 3417 Volta Place NW, Washington, DC 20007 or email to [academy@agbell.org](mailto:academy@agbell.org).**