



Certificate of Documentation for Test Takers Whose Primary Language Is Not English (PLNE)

ETS allows test takers whose primary language is not English to request PLNE accommodations. If approved, they are allowed 50 percent extended testing time. As part of their request for PLNE accommodations, candidates must provide documentation that English is not their primary language, and have a qualified professional complete this certificate of documentation.

Instructions for completing this form:

- A qualified professional (e.g., faculty advisor, school principal, Human Resources director, qualified ESL teacher/coordinator, foreign language department supervisor/chairman, or other qualified professional) must complete and sign this form.
- The individual completing this form must review documentation confirming that test taker’s first language is not English (e.g., birth certificate/passport from non-English speaking country, permanent resident card, temporary resident card, Mexican border crosser card).
- The signature on this document must be an original signature. A photocopy of the signature or a stamped signature is not acceptable. **An embossed school seal must be affixed over the signature or the signature must be notarized.**
- Return this form to the test taker to be submitted with their request for PLNE accommodations.

Complete the information below and sign:

1. I, _____, am an authorized professional (specify _____ at (name of institution) _____). I have held this position since (date) _____.
2. I have reviewed documentation for (printed name of test taker) _____ and I certify that English is not the test taker’s primary language. The test taker’s primary language is _____.
3. In the event Educational Testing Service (ETS) requests a copy of the documentation described above, I promise to send ETS, for its consideration, a copy of any documents pertinent to establishing the need for these accommodations (pursuant to the test taker’s permission on the Eligibility Form) sufficiently in advance of the test administration date in question to permit complete processing.

Date _____ Name _____

Title _____ Institution _____

Telephone and/or TTD/TTY Number _____ Fax Number _____

Email _____

Signature _____