Test to be administered ONLY to students presenting this completed form and proof of payment to the LSC-CyFair Assessment Center

Assessment Center information:
LSC – Cy Fair – CASA Room 104
Phone – (281) 290-3220

Call, or check Assessment Center website for hours: CyFair.LoneStar.edu/assessment

Payment for the examination ($20.00) must be made to the LSC-Cy Fair Business Office prior to testing.

New 2-week advanced scheduling requirement for PSB

Steps to pre-register for a PSB Exam:
1) Go to psbtests.com
2) Click on the pre-registration link
3) Enter our school code: AFTEK
4) Schedule exam

PICTURE IDENTIFICATION IS REQUIRED

Materials Allowed:
Scratch paper ONLY

Test is available from:
January 11, 2016 until May 27, 2016

Exam may be taken one (1) time during this application period.

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Students Complete Exam on computer
140 minutes (Two-hours, 20 minutes) timed test

Student Information

Name: ____________________________
Last                                                            First                                                             Student I.D.

Psychological Services Bureau – Health Occupations Aptitude Examination

Part I    Academic Aptitude
Part II   Spelling
Part III  Reading Comprehension
Part IV   Information in the Natural Sciences
Part V    Vocational Adjustment Index

http://www.psbtests.com/resources/resources.aspx

Special Instructions/Accommodations:

◆ Paid receipt MUST accompany this request
◆ Assessment Center will print two copies of testing results:
   One for student and
   One for Sonography Department, hold on file *(to be collected by designated program staff or faculty)*
◆ Exam MUST be normed to Diagnostic Medical Sonographer

Student should be aware of time limitations and come early enough to finish before closing time of Assessment Center.

**This area must be signed by student in front of testing center personnel**

By signing this letter, I fully understand that if I am caught cheating on this exam I will forfeit my rights to apply for the program.

Signature: ____________________________ Date: _________________

Witness: ____________________________ Date: _________________

Signature below indicates the exam fee of $20.00 has been paid (attach receipt)

(Signature of Business Office Designee)

Receipt # __________________________________________ Non – AR Payment GL 50-80-0-920002-2010

Updated & Approved 12.2.15 JM