Diagnostic Medical Sonography & Echocardiography
Lone Star College-CyFair

2020 PSB Authorization to Test Form (approved 11.4.19 JM)

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–CyFair campus, CASA Building, Room 104
Phone (281) 290-3220

PICTURE IDENTIFICATION IS REQUIRED

Materials Allowed:
Scratch paper ONLY

Test is available from:
January 13, 2020 until May 19, 2020

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

For more information, call or check the Assessment Center website:
http://www.lonestar.edu/testing-cyfair.htm

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

*Schedule at LSC-CyFair location only

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

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<table>
<thead>
<tr>
<th>Students Complete Exam on computer</th>
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<tbody>
<tr>
<td>140 minutes (Two-hours, 20 minutes) timed test</td>
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### Student Information

Name: ____________________________________________

Last   First   Student I.D.

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### 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://psbtests.com/test-resources/ (Sample questions) link confirmed 10.31.19

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### Special Instructions

Assessment Center will print two copies of testing results:
One for student and
One for Sonography Department (Testing Staff will send to HSC1 Room 204)

**Exam MUST be normed to Diagnostic Medical Sonographer**

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

Signature: ____________________________________________ Date: ________________
(Student do not write below this line)

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Signature below indicates the exam fee of $20.00 has been paid

(Signature of Business Office Designee)

Receipt # ____________________________________________

gl code: #10-0500-9-0500009001-5933