



Request for Waiver of the 5-time Testing Limitation of Certification Examination

The Texas Education Code Section 21.048 (a-1) specifies that a person may not retake an examination more than four times unless the State Board for Educator Certification (SBEC) waives the limitation for good cause. The SBEC has adopted waiver rules under 19 Texas Administrative Code Chapter 230, Subchapter C, specifying good cause and the application process.

You cannot submit your waiver request until the following timelines have been satisfied:

1. First-Time Waiver Applicants: Applications must not be postmarked sooner than 45 calendar days after the last unsuccessful examination attempt.
2. Applicants Applying After Denial of Initial Waiver Request: Applications must not be postmarked sooner than 90 calendar days after the date of the most recent denied waiver request.
3. Applicants Previously Granted Waiver Approval Who Were Unsuccessful on Waiver Exam Attempt: Applications must not be postmarked sooner than 180 calendar days after the date of the most recent unsuccessful examination attempt.

The SBEC has authorized TEA staff to administratively approve waiver applications that meet all requirements. The evaluation process will take several weeks after all required documentation has been received. Processing will be delayed if an application is incomplete or includes educational activities from non-approved providers. In fairness to other applicants, applications needing corrections are pulled and placed at the end of the queue.

Faxed or e-mailed requests will not be accepted. If you have questions, please submit a [Help Desk](#) ticket or call 512-463-9039.

The waiver request must be delivered (in person, by mail, or preferably by a delivery service that allows the envelope or package to be tracked) to:

Texas Education Agency
 Educator Testing
 WBT 5-100
 1701 North Congress Avenue
 Austin, TX 78701-1494

Section A: Applicant Information

Name (First, MI, Last)		TEA ID Number (Required)	
Home Address (include Street Address/PO Box, City, State, and Zip Code)			
E-mail Address	Primary Phone Number	Secondary Phone Number	

Section B: Test Information

Test Name			Test Code		
Have you previously requested a test-limit waiver for the same test?		Yes	No	If yes, list date(s):	
Testing Route (select one):	Educator Preparation Program (EPP)	Out of State/ Out of Country	Certification by Examination (CBE)	Pre-Admission Content Test (PACT)	Charter School

Section C: Educator Preparation Program (EPP) Information

If EPP is selected in Section B, the applicant must obtain approval from the EPP to request a waiver.

Name of EPP	Name of EPP Representative/Advisor
EPP Representative Phone Number	EPP Representative E-mail
EPP Representative Signature	Date

Section D: Highest Score Examination Information

List the highest score of your unsuccessful examination for which you are submitting this waiver request. If the waiver request is for more than one 800-series examination of the Core Subjects, include the subject name for each exam in the boxes provided in options A-D.

Test Name	Test Code
Test Date	Scaled Score

Use the attached Texas Average Conditional Standard Error of Measurement (CSEM) Report found in Attachment I to circle the letter(s) next to the appropriate option(s) below and follow the directions that correspond to the option(s).

If the waiver request is for more than one 800-series examination, add the required clock-hours for each examination together to determine the total number of clock-hours of educational activities. If the total number of clock-hours exceeds 300, select option E below. If the total number of clock-hours is equal to or less than 300, determine clock-hour requirements for each examination corresponding to options A-D below and indicate each subject area test name in the appropriate boxes.

- A. My highest score was equal to or greater than the Passing Score Minus 1 CSEM.
 Determine deficit competencies in Section E. Provide evidence of 50 clock-hours of educational activities in Section F. Complete Section G and Section H.
- B. My highest score was equal to or greater than the Passing Score Minus 2 CSEM.
 Determine deficit competencies in Section E. Provide evidence of 100 clock-hours of educational activities in Section F. Complete Section G and Section H.
- C. My highest score was equal to or greater than the Passing Score Minus 3 CSEM.
 Determine deficit competencies in Section E. Provide evidence of 150 clock-hours of educational activities in Section F. Complete Section G and Section H.
- D. My highest score was lower than the Passing Score Minus 3 CSEM.
 Determine deficit competencies in Section E. Provide evidence of 200 clock-hours of educational activities in Section F. Complete Section G and Section H.
- E. My waiver request is for more than one 800-series examination, and the total number of clock-hours based on the CSEM clock-hour requirements from the appropriate options above exceeds 300 clock-hours.
 Determine deficit competencies for each examination in Section E. Provide evidence of 300 clock-hours of educational activities in Section F. The number of clock-hours for each examination may be divided equally based on the number of examinations in the waiver request, but the number of clock-hours for an examination shall not be less than 50. Complete Section G and Section H.
- F. A CSEM was not listed for the examination for which I am requesting a waiver.
 TEA staff will identify individuals who are familiar and knowledgeable with the test content to determine deficit competencies and the number of clock-hours. Complete Section G and Section H.



Section E: Deficit Competency Analysis

Complete the chart below using score reports from your 5 most recent examinations. Score reports are available from the [testing vendor](#). At the top of the chart, enter the test date for each test attempt and the test code. If you are requesting a waiver for multiple examinations, begin a new chart for each examination. For each competency, enter the competency number (e.g., 001, 002, 003) for each row under the Competency column. If your test included a writing, speaking, or pedagogy section, include those as well (e.g., Literary Analysis, Opinion/Position Essay, Simulated Conversation, Lesson Plan). If additional rows are needed for competencies, copy this chart and continue sequentially numbering the competencies under the Competency column.

For each competency, enter the number of questions answered correctly or points earned (**# Correct/Points Earned**) and the number of questions tested or points possible (**# of Questions/Points Possible**) on each test. For each competency, add the **# Correct/Points Earned (A+C+E+G+I)** and enter the sum in the **Total # Correct/Points Earned (K)** column. Likewise, add the **# of Questions/Possible Points (B+D+F+H+J)** for each competency and enter the sum in the **Total # of Questions/Points Possible (L)** column. Compute **% Correct/Points Earned Across All Attempts (M)** by dividing (K) by (L) and converting to a percentage rounded to the nearest whole percent.

Competency	Test Date:		Test Date:		Test Date:		Test Date:		Test Date:		Test Code:		
	A	B	C	D	E	F	G	H	I	J	K	L	M
	# Correct/ # Points Earned	# of Questions/ # of Points Possible	# Correct/ # Points Earned	# of Questions/ # Points Possible	# Correct/ # Points Earned	# of Questions/ # of Points Possible	# Correct/ # Points Earned	# of Questions/ # of Points Possible	# Correct/ # Points Earned	# of Questions/ # of Points Possible	Total # Correct/ Total # Points Earned	Total # of Questions/ Total # of Points Possible	% Correct Across All Attempts/ % Points Earned Across All Attempts

Section F: Evidence of Educational Activity (Copy this page and use as a cover sheet for each educational activity.)

Include the following attachments for each educational activity (staple to a copy of this completed page):

A. Description of the educational activity (e.g., syllabus, course outline, program of study) from the provider, sponsor, or program

AND

B. Written verification from the provider, sponsor, or program that includes the requirements below:

1. name of the provider, sponsor, or program;
2. name of applicant;
3. name of the educational activity;
4. date(s) of the educational activity; and
5. the number of clock-hours completed for the educational activity.

Educational activities must be provided by an approved continuing professional education provider or sponsor, pursuant to TAC §232.17 and §232.19, or an approved EPP, pursuant to TAC §228.10. Pre-approved providers include the following: *State Board for Educator Certification; Texas Education Agency; accredited institutions of higher education recognized by the Texas Higher Education Coordinating Board; regional education service centers; Texas public school districts; private schools as defined in TAC §230.1; and professional associations, non-profits, or state associations as described in TAC §232.17(7).*

Educational activities include the following: institutes, workshops, seminars, conferences, interactive distance learning, video conferences, online activities, in-service or staff development activities, undergraduate courses, graduate courses, and training programs.

All clock-hours must have been completed **after your last failed attempt**. Clock-hours completed prior to the last test attempt, and duplicate activities **will not** be considered.

One semester credit hour earned at an accredited institution of higher education is equivalent to 15 clock-hours.

Directions: Provide the following information as described below for each educational activity from an approved provider that was completed after your last attempt and addresses the deficit competencies identified in Section E which are below 70%.

1. The name of the educational activity (e.g., workshop title, course number):

2. The provider, sponsor, or program's name, address, telephone number, and e-mail address:

3. The number of clock-hours completed for the educational activity:

4. The deficit competency or competencies, below 70% as identified in Section E, addressed by the educational activity:

5. I have attached a description of the educational activity and written verification of completion as specified in A and B at the top of Section F.

Section G: Statement

Your statement below should address mitigating circumstances and/or substantial changes that have occurred in your knowledge, maturity, and learning that make it probable that you will pass the exam if your request is granted. Include substantial changes that have occurred in your life by reason of education, work, experience, or training, and/or personal circumstances that make it more likely that you will pass the exam if your request is granted. Attach additional pages as necessary.

A large, empty rectangular box with a thin black border, intended for the user to write their statement.



Request for Waiver of the 5-time Testing Limitation of Certification Examination

Section H: Attestation

I understand that my request must be submitted in writing and that if I intend to include any additional pages and supporting documents, I am responsible for them now as part of my written request. This is my entire and complete *Request for Waiver of the 5-time Testing Limitation*, and it includes all responses, all continuation pages, and any attachments hereto. I have made a copy of this entire application for my records before delivering. By my signature below, I hereby affirm and swear all the facts and statements contained herein are true and correct.

Check the appropriate box:

- 1. First-Time Waiver Applicants: I attest it has been a minimum of 45 calendar days since my last examination attempt.
- 2. Applicants Applying After Denial of Initial Waiver Request: I attest it has been a minimum of 90 calendar days since my most recent waiver request was denied.
- 3. Applicants Previously Granted Waiver Approval Who Were Unsuccessful on Waiver Exam Attempt: I attest it has been a minimum of 180 calendar days since my last unsuccessful examination attempt.

Signature of Applicant	Date
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Notary Attestation

SUBSCRIBED AND SWORN to before me on this _____ day of _____, _____.

(Seal)

Signature of Notary

My Commission Expires: _____

Delivery instructions are described on the first page.

Attachment I - Texas Average Conditional Standard Error of Measurement (CSEM)

Test #	Test Title	Average CSEM at Passing Score	Passing Score Minus 1 CSEM	Passing Score Minus 2 CSEM	Passing Score Minus 3 CSEM	Test #	Test Title	Average CSEM at Passing Score	Passing Score Minus 1 CSEM	Passing Score Minus 2 CSEM	Passing Score Minus 3 CSEM
068	Principal	7.93	232	224	216	231	English Language Arts & Reading 7-12	10.33	230	219	209
072	Texas Assessment of Sign Communication (TASC)	N/A	N/A	N/A	N/A	232	Social Studies 7-12	7.42	233	225	218
073	Texas Assessment of Sign Communication - American Sign Language (TASC-ASL)	N/A	N/A	N/A	N/A	233	History 7-12	8.79	231	222	214
113	English Language Arts & Reading/ Social Studies 4-8	7.31	233	225	218	235	Mathematics 7-12	9.15	231	222	213
114	Mathematics/Science 4-8	7.62	232	225	217	236	Science 7-12	7.44	233	225	218
115	Mathematics 4-8	9.21	231	222	212	237	Physical Science 6-12	9.32	231	221	212
116	Science 4-8	8.87	231	222	213	238	Life Science 7-12	9.13	231	222	213
117	English Language Arts & Reading 4-8	8.81	231	222	214	240	Chemistry 7-12	9.33	231	221	212
118	Social Studies 4-8	9.26	231	221	212	241	Computer Science 8-12	9.15	231	222	213
129	Speech 7-12	8.50	232	223	215	242	Technology Applications EC-12	N/A	N/A	N/A	N/A
139	Technology Applications 8-12	7.70	232	225	217	243	Physics/Mathematics 7-12	8.20	232	224	215
141	Computer Science 8-12	7.05	233	226	219	256	Journalism 7-12	8.42	232	223	215
142	Technology Applications EC-12	8.29	232	223	215	270	Pedagogy & Professional Responsibilities for Trade & Industrial Education 6-12	8.87	231	222	213
150	School Librarian	9.56	230	221	211	272	Agriculture, Food, and Natural Resources 6-12	7.87	232	224	216
151	Reading Specialist	7.44	233	225	218	273	Health Science 6-12	8.89	231	222	213
152	School Counselor	9.01	231	222	213	274	Mathematics/Physical Science/ Engineering 6-12	7.34	233	225	218
153	Educational Diagnostician	9.06	231	222	213	275	Marketing 6-12	N/A	N/A	N/A	N/A
154	English as a Second Language Supplemental	11.14	229	218	207	276	Business & Finance 6-12	9.16	231	222	213
157	Health EC-12	8.67	231	223	214	279	Dance 6-12	N/A	N/A	N/A	N/A
158	Physical Education EC-12	10.15	230	220	210	283	Braille	N/A	N/A	N/A	N/A
160	Pedagogy & Professional Responsibilities EC-12	9.09	231	222	213	610	Languages Other Than English (LOTE): French EC-12	8.09	232	224	216
161	Special Education EC-12	7.18	233	226	218	611	LOTE: German EC-12	8.13	232	224	216
162	Gifted & Talented Supplemental	8.14	232	224	216	612	LOTE: Latin EC-12	N/A	N/A	N/A	N/A
163	Special Education Supplemental	7.58	232	225	217	613	LOTE: Spanish EC-12	7.85	232	224	216
164	Bilingual Education Supplemental	9.46	231	221	212	801	Core Subjects EC-6 English Language Arts & Reading (ELAR) and the Science of Teaching Reading	9.70	230	221	211
171	Technology Education 6-12	6.07	234	228	222	802	Core Subjects EC-6 Mathematics	12.23	228	216	203
175	Marketing Education 8-12	7.55	232	225	217	803	Core Subjects EC-6 Social Studies	13.89	226	212	198
177	Music EC-12	7.73	232	225	217	804	Core Subjects EC-6 Science	11.71	228	217	205
178	Art EC-12	7.42	233	225	218	805	Core Subjects EC-6 Fine Arts, Health, & Physical Education	10.51	229	219	208
179	Dance 8-12	8.89	231	222	213	806	Core Subjects 4-8 ELAR	10.74	229	219	208
180	Theatre EC-12	7.93	232	224	216	807	Core Subjects 4-8 Mathematics	13.53	226	213	199
181	Deaf & Hard of Hearing	9.17	231	222	212	808	Core Subjects 4-8 Social Studies	14.00	226	212	198
182	Visually Impaired	7.84	232	224	216	809	Core Subjects 4-8 Science	14.36	226	211	197
183	Braille	10.59	229	219	208						
184	American Sign Language (ASL)	10.13	230	220	210						
190	Bilingual Target Language Proficiency Test - Spanish (BTLPT)	8.81	231	222	214						
195	Superintendent	8.05	232	224	216						