## Scheduling an Oral Exam



## Scheduling an Oral Exam

Select Appointmen	t Time					
Thursday, November 6, 20	014				4. Ch	noose a time and date th
Olymp	ia1 (Oral Test) Olympia2 (Oral T	est) Olympia3 (Oral Test)				ill work best for you
8:30am 8:45am						in work best for you.
9:00am					Re	member that the grey slots a
9:15am 9:30am					h	akad but the white area
9:45am					00	okea, but the white ones
10:00am					re	present available times. Plea
10:30am					cli	ck on the white slot closest t
10:45am 11:00am					cin.	ek on the white slot closest t
11:15am					the	e grey areas.
11:45am						
12:00pm						
12:30pm					5. M	ake sure vou have selec
					yo	our desired location and
					> <u>.</u>	~ ~
Selected Appo	intment				<ul><li>ur</li></ul>	ne.
oolootod / tppo						
Location P	lease see your test location I	below				
Chaff Manahara C	·				6. Er	nter the prompted
Start Member 0	lympia2 (Oral Test)					
Language S	panish				In	formation. Please follow
Data T	hursday November 6, 2014				ᆋᆂ	a advica an aach nictur
Date					> <sup>m</sup>	e auvice on each picture
Start Time 8	:30am				> <sup>th</sup>	
Start Time 8	:30am				≥ m	
Start Time 8	:30am				≫ <sup>th</sup> 7. Cli	ick on <i>Continue</i> to make
Start Time 8	:30am				→ <sup>LN</sup> 7. Cli	ick on <i>Continue</i> to make
Start Time 8	:30am				→ <sup>th</sup>	ick on <i>Continue</i> to make
Start Time 8	:30am				The second s	ick on <i>Continue</i> to make ayment.
Start Time 8	:30am				7. Cli pa	ick on <i>Continue</i> to make
Start Time 8	Please use your LAST name				7. Cli pa	ick on <i>Continue</i> to make
Start Time 8	Please use your LAST name	* E-mail (your e-mail address)	Please double check your address		7. Cli pa	ick on <i>Continue</i> to make ayment.
Start Time 8	Please use your LAST name Please use your FIRST name	* E-mail (your e-mail address) E-mail Okay (Recommended)	Please double check your address		7. Cli pa	ick on <i>Continue</i> to make ayment.
Start Time 8 * Last Name * First Name ast 4 Digits of Soc Security #	Please use your LAST name Please use your FIRST name	* E-mail (your e-mail address) E-mail Okay (Recommended)	Please double check your address		7. Cli	ick on <i>Continue</i> to make ayment.
Start Time 8 * Last Name * First Name ast 4 Digits of Soc Security #	Please use your LAST name Please use your FIRST name 1234	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one)	Please double check your address Yes   No Spanish		7. Cli pa	ick on <i>Continue</i> to make ayment.
Last Name * Last Name * First Name ast 4 Digits of Soc Security # * Address	Please use your LAST name Please use your FIRST name 1234 1115 Washington St SE	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) * Type of Test (select one)	Please double check your address • Yes • No Spanish • DSHS Employee • DO NOT leave as DSHS Employe	el	7. Cli pa	ick on <i>Continue</i> to make ayment.
Last Name * Last Name * First Name ast 4 Digits of Soc Security # * Address	Please use your LAST name Please use your FIRST name Please use your FIRST name 1234 1115 Washington St SE	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) * Type of Test (select one)	Please double check your address  Yes No Spanish DSHS Employee Choose between Medical or So Solvert One Terroretor	el	7. Cli pa	ick on <i>Continue</i> to make ayment.
Last Name * Last Name * First Name ast 4 Digits of Soc Security # * Address * City	Please use your LAST name Please use your FIRST name 1234 1115 Washington St SE Olympia	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) * Type of Test (select one) * Test Location (select one)	Please double check your address • Yes • No Spanish • DSHS Employee • DO NOT leave as DSHS Employe Choose between Medical or So Select One • Service Interpreter The location has to match the	el	7. Cli	ick on <i>Continue</i> to make ayment.
Last Name * Last Name * First Name ast 4 Digits of Soc Security # * Address * City * State	Please use your LAST name Please use your FIRST name 1234 1115 Washington St SE Olympia WA	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) * Type of Test (select one) * Test Location (select one)	Please double check your address            • Yes       No         Spanish          • DO NOT leave as DSHS Employee         Choose between Medical or Sor         Service Interpreter         The location at has to match the         location at hes to match the         location at hese to match the         loc	el	7. Cli pa	ick on <i>Continue</i> to make ayment.
• Last Name • First Name ast 4 Digits of Soc Security # • Address • City • State	Please use your LAST name Please use your FIRST name 1234 1115 Washington St SE Olympia WA	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) * Type of Test (select one) * Test Location (select one) Special Instructions	Please double check your address • Yes • No Spanish • DSHS Employee • DO NOT leave as DSHS Employe Choose between Medical or So Select One • The location has to match the location at the top	ei	7. Cli pa	ick on <i>Continue</i> to make ayment.
Start Time 8 Start Time 8 Last Name Last Name st 4 Digits of Soc Security # Address City State Zip Code	Please use your LAST name Please use your FIRST name 1234 1115 Washington St SE Olympia WA 98504	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) • Type of Test (select one) * Test Location (select one) Special Instructions	Please double check your address • Yes • No Spanish • DSHS Employee • DO NOT leave as DSHS Employe Choose between Medical or Sou Select One • Service Interpreter The location has to match the location at the top	et	7. Cli pa	ick on <i>Continue</i> to make ayment.
* Last Name * Last Name * First Name ast 4 Digits of Soc Security # * Address * City * State * Zip Code	Please use your LAST name Please use your FIRST name 1234 1115 Washington St SE Olympia WA 98504	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) * Type of Test (select one) * Test Location (select one) Special Instructions E-mail Confirmation and Rem	Please double check your address • Yes • No Spanish • DSHS Employee • DO NOT leave as DSHS Employe Choose between Medical or So Select One • Service Interpreter The location has to match the location at the top	el	7. Cli pa	ick on <i>Continue</i> to make ayment.
Start Time 8 Start Time 8 Last Name Last Name Stirst Name ast 4 Digits of Soc Security # Address City State Zip Code County	Please use your LAST name         Please use your FIRST name         1234         1115 Washington St SE         Olympia         WA         98504         Thurston County (NOT USA)	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) * Type of Test (select one) * Test Location (select one) Special Instructions E-mail Confirmation and Rem Confirmation and reminder e-mai	Please double check your address Yes No Spanish DO NOT leave as DSHS Employe Choose between Medical or So Select One Service Interpreter The location has to math the location at the top	el	7. Cli pa	ick on <i>Continue</i> to make ayment.
Start Time 8 Start Time 8 Last Name Last Name Last 4 Digits of Soc Security # Address City State Zip Code County St Phone (include area code)	Please use your LAST name         Please use your FIRST name         1234         1115 Washington St SE         Olympia         WA         98504         Thurston County (NOT USA)         Please use a working number	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) * Type of Test (select one) * Test Location (select one) Special Instructions E-mail Confirmation and Rem Confirmation and reminder e-mail Please include an email addre you will not receive a confirm	Please double check your address • Yes No Spanish DSHS Employee DO NOT leave as DSHS Employe Choose between Medical or So Service Interpreter The location has to match the location at the top inders is for this appointment will be sent to (separate additional e-mail ass here. If you do not, •	el	7. Cli pa	ick on <i>Continue</i> to make ayment.
Start Time 8 Start Time 8 Last Name Last Name Last 4 Digits of Soc Security # Address City State Zip Code County st Phone (include area code)	Please use your LAST name         Please use your FIRST name         1234         1115 Washington St SE         Olympia         WA         98504         Thurston County (NOT USA)         Please use a working number	* E-mail (your e-mail address) E-mail Okay (Recommended) * Your Language (select one) * Type of Test (select one) * Test Location (select one) Special Instructions E-mail Confirmation and Rem Confirmation and reminder e-mail Please include an email addre you will not receive a confirm	Please double check your address • Yes No Spanish • DSHS Employee • DO NOT leave as DSHS Employe Choose between Medical or So Service Interpreter The location has to match the location at the top inders Is for this appointment will be sent to (separate additional e-mail ess here. If you do not, tation or reminders	el	7. Cli pa	ick on <i>Continue</i> to make ayment.
* Last Name * Last Name * First Name ast 4 Digits of Soc Security # * Address * City * State * Zip Code * County st Phone (include area code)	Please use your LAST name         Please use your FIRST name         1234         1115 Washington St SE         Olympia         WA         98504         Thurston County (NOT USA)         Please use a working number         Please use a working number	E-mail (your e-mail address)     E-mail Okay (Recommended)     Your Language (select one)     'Type of Test (select one)     'Test Location (select one)     'Test Location (select one)     Special Instructions     E-mail Confirmation and Rem     Confirmation and reminder e-mail     Please include an email addre     you will not receive a confirm	Please double check your address • Yes No Spanish • DSHS Employee • DO NOT leave as DSHS Employee Choose between Medical or Sor Select One • Service Interpreter The location has to match the location at the top inders Is for this appointment will be sent to (separate additional e-mail cashere. If you do not, ation or reminders • Thuse	et cial	7. Cli pa	ick on <i>Continue</i> to make ayment.

Please note that the Document Translator is NOT the same as the Written/Oral Interpreter exams. To ensure that you receive the right test, your appointment confirmation, and your test results, **it is your responsibility** to enter the following information accurately: mailing and email address, language, test location, and type of test. Please do not select DSHS Employee.