

ESL Attestation Form

Candidate Name:	CLARB Record Number:(Contact Number)
Jurisdiction Seeking Licensure:* *Please note, candidates for licensure in New York	
Attestation:	
I declare that I am a non-native English speaker/re information on this form may be cause for invalida accommodation and/or disciplinary action as det and/or any jurisdiction in which I am registered.	ation of any L.A.R.E. scores achieved with the ESI
Signature	Date:

Please note, all fields above are required. If you have any questions regarding completion of this form, please contact Emily Bogstie with CLARB at ebogstie@clarb.org.