

**TO: Applicant**  
**FROM: Mississippi Quality Assessment Screening Committee**  
**SUBJECT: Written Exam**

**Date of Exam: January 12, 2019; April 06, 2019; July 06, 2019; October 05, 2019**

**Time of Exam: 10:00 am**

**Test Location:** Raymond Community College  
Raymond Campus  
Media Center  
Raymond, Mississippi 39157

**Cost:** \$75.00 made payable to MS Quality Assessment Screening.  
Your check must accompany the application and be mailed to the contact person for testing to be scheduled.

**Note: Please return the application by:**  
**January 04, 2019; March 29, 2019; June 29, 2019; September 27, 2019**

**Contact Person:** Sue Goldman  
108 Poplarwood Lane  
Salttillo, MS 38866  
Phone: (662) 871-9757 (Cell)  
Email: [dsgoldman@ms.metrocast.com](mailto:dsgoldman@ms.metrocast.com)

Attached is information that will assist you with the written exam process.

Sincerely,  
**MS Quality Assessment Screening Committee**

**Mississippi Quality Assurance Written Exam Application**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Exam:**

**January 12, 2019      April 06, 2019      July 06, 2019      October 05, 2019**

(Please circle the date on which you want to schedule your exam.)