American Association of Physics Teachers®
5th Floor AAPT, 1 Physics Ellipse
College Park, MD 20740-3845
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Registrant Information (Teacher, Proctor or Parent)

Name _____

School _____ _____

Street Address _____

City, State, Zip _____ Country _____

Phone _____ School Email (Required)* _____

- What is your relationship to the student(s) _____

Please provide the proctor's contact information if different from above:

NOTE: The information you provide below is where all exam correspondence will be sent.

Proctor Name _____ Company/School _____

Proctor Email Address _____

- Is your school able to host any students who may be looking for a place to take the F=ma exam, at their own expense? _____
- If yes, can we include your school on a list of potential local host schools?_____

- Students must be either U.S. citizens, legal permanent residents of the United States (green card holders), or currently attending a U.S. school to participate in the F=ma exam.
- **IMPORTANT:** Students must also be located within the U.S. to take the F=ma exam. Because of the time difference, U.S. Territories, except Puerto Rico, and the U.S. Virgin Islands, would not be considered within U.S.
- The F=ma and USAPhO exams will be conducted online via Educational Vistas only. There will be no printable versions of the exams available.
- The F=ma exam proctors will receive email instructions from Educational Vistas (EdVistas). They will be instructed on how to have their students register on EdVistas website prior to the exam date.
- Please be sure that the proctor information that you provide during registration is correct, and that proctors are aware that EdVistas will be contacting them.

Registration Deadline January 14, 2027

PLEASE NOTE that the test date for the F=ma exam is February 9, 2026 ONLY! The exam window is TBA

Step 1. Register your school

___Teacher is an AAPT Member – $40

___Teacher is NOT an AAPT Member – $80

Step 2. Number of students ($16 per student)

___ # of students

Payment Information. **(If paying by credit card, you will need to register online.)**

___ Check Enclosed _____
Check Number

___ Purchase Order _____
P.O. Number

A copy of the purchase order must be submitted with this form.

School Registration Fee $_____

Number of Students × Cost per Exam $_____

Processing Fee $ 10.00

Total Amount Enclosed $_____

Form can be returned via mail, fax, or email to the address at the top of this page.
If mailing form, please also send a copy by email.