

Proctor Application Form

1. Your full name(Please print) _____ Today's date _____
2. Student/s you will proctor: _____

3. Please initial beside each point to indicate your agreement and/or willingness to comply with each statement below.

- _____ a. I will not allow students at any time to use or have access to tests/exams via their own computer, electronic address, fax number or personal address.
_____ b. I agree to ensure students not save or reproduce any part of tests/exams.
_____ c. I will NOT destroy or delete completed copies of the tests/exams until the instructor has verified they have been received. Unfinished tests/exams will be destroyed immediately.
_____ d. I agree to ensure students do not have access to any personal electronic devices such as cell phones, ipads and computers during testing time.
_____ e. I agree to return all completed tests/exams no longer than ONE hour after the scheduled testing time is finished to:
 1) instructor's email address. If email is not possible then by:
 2) fax (506-450-8388). As a last resort, I agree to
 3) mail it via registered mail as soon as possible after completion.
_____ f. I agree that the tests/exams will be written on the scheduled testing date and that tests/exams are kept in a secure place until that date. (In case of unexpected delay in the writing of tests/exams, I will notify the instructor of the situation immediately.)
_____ g. I agree to supervise students at all times and ensure that they do not have access to any materials that might assist in answering questions on the tests/exams. I will not allow students to speak to each other when proctoring more than one student at a time.
_____ h. I am of legal age. I am not related to nor do I reside with student/s. I am not a co-worker, employer or employee of student/s.

4. Please check which of the following applies to you:

- Teacher Nurse Clergy Lawyer Firefighter Justice of the Peace
 Dentist Court Official Engineer Doctor Peace Officer Elected Representative

- Member of a recognized professional organization and have received ethics training

Name of Professional Organization: _____

5. Please answer only one of the following:

- I prefer to have exams emailed to me and my email address is: _____
 I prefer to have exams faxed to me and my fax number is: _____

6. Your mailing address is: _____

7. Your signature _____

8. Phone number best to reach you at during testing time _____