

# 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:
- |                                  |   |                                   |                                 |  |   |
|----------------------------------|---|-----------------------------------|---------------------------------|--|---|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Nurse          | <input type="checkbox"/> Clergy   | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Firefighter   | <input type="checkbox"/> Justice of the Peace   |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Court Official | <input type="checkbox"/> Engineer | <input type="checkbox"/> Doctor | <input type="checkbox"/> Peace Officer | <input type="checkbox"/> 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 \_\_\_\_\_