



PROCTOR and STUDENT SIGN –IN SHEET for NCCPT DISTANCE LEARNING EXAM

Date ____/____/____

Proctor Information (to be completed by NCCPT approved Proctor):

Name _____

E-Mail _____

Cell phone (_____) _____ - _____

As an exam proctor, I will proctor the agreed upon exam for said NCCPT student(s). I will carefully review all exam instructions and certify that each exam be administered in accordance with the following guidelines:

I, the proctor have verified and made copies of the student(s) forms of ID; a primary and a secondary. The primary ID must be a valid government-issued ID bearing photo & signature. The acceptable forms of primary identification include:

- Driver's license or DMV identification card
- Passport
- Military identification

Acceptable forms of secondary ID can be any of the above or:

- CPR

The student(s) has presented a valid CPR card or I will not allow them to take the exam.

- No outside assistance is allowed (closed-book only, no computer, no references, etc.)
- Student(s) will have two (2) hours to complete the exam.
- This is a closed book exam. No other materials are allowed. The student may use a scratch piece of paper and a calculator. If a scratch piece of paper is used, it must be returned to the proctor to be destroyed. Phones are not allowed. The student is NOT allowed to copy questions from test!
- Students may not "print screen" or exit to access any browser.
- The test must be taken on a DSL or other high speed internet link. DO NOT USE A DIAL-UP CONNECTION
- You must monitor the student the ENTIRE time it takes him/her to finish their exam.
- The student is not allowed to get up from their chair for the duration of the exam.
- I agree that all exam results will remain confidential.

Once the student is finished with the exam, please sign and return this form and copies of the student's ID via fax to 800-915-5545 or scan and email it to personaltrainer@nccpt.com

NCCPT Certification Board
3481 Old Conejo Road Suite 102
Newbury Park, CA.
91320
Fax: 800-915-5545

NOTE: If found in violation of this agreement, certification(s) are considered null and void.

Student Information (to be completed by NCCPT PT Student):

Name _____

Daytime Phone (_____) _____

Signature _____

Approved Primary ID _____

Approved Secondary ID _____

Proctor's Initials _____

Name _____

Daytime Phone (_____) _____

Signature _____

Approved Primary ID _____

Approved Secondary ID _____

Proctor's Initials _____

Proctor Signature _____

Checklist to send to NCCPT-CB:

_____ PROCTOR and STUDENT SIGN –IN SHEET for NCCPT DISTANCE LEARNING EXAM

_____ Proctor ID

_____ Student's ID's