

VETERINARY TECHNICIAN PROCTOR ACCEPTANCE FORM

I agree to serve as a proctor for the semester examination of the student listed below. I certify that I am **not** related to the student and I am not the student's employer, supervisor, coworker, classmate, or employee. I prefer the examination/honorarium (if applicable) to be sent to:

PROCTOR: Please print

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER (_____) _____
Area Code

Proctor Signature and Date

EDUCATIONAL BACKGROUND: (List last college attended)

College	City/State	Year Graduated	Type of Degree	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: When the student completes the required coursework, a sealed proctored examination will be sent to you. The proctored examination is a combination of timed, closed-book and open-book exams (usually 5 to 6 hours). The students may use their textbooks for the general education courses but may not use any textbooks for the veterinary technician courses. The proctored examination must be administered in **one** sitting within three weeks of receipt. If you change your address, please notify the student so that he/she may contact the Center.

It is imperative that you are able to be present for the entire exam. The exam cannot be given to the student prior to the scheduled sitting. The exam or exam answers cannot be duplicated under any circumstances. Failure to abide by all proctoring procedures could result in an invalid exam for the student.

Note to Student:

You are required to pay a proctored examination administrative fee of \$20.00 for each of the semester final proctored examinations. **Payment for your first semester exam must be sent with this form.** Failure to do so will cause a delay in your proctored examination being mailed to your proctor. You will receive notification before each of your subsequent semester proctored examinations concerning payment of the fee.

I have briefly explained what is expected of a proctor and certify that the candidate listed above is not related to me and is not my employer, supervisor, coworker, classmate, or employee.

Student's Signature

Student Number _____

Student Name _____

Address _____
