National Registry of Food Safety Professionals

AGREEMENT FORM

for Proctors, Readers, and Translator

Please read carefully before completing the requested information

1)	I am at least 18 years of age.
2)	I have read the proctor, reader, and/or translator requirements section of the Exam Administrator's Manual and meet the specified requirements for my role.
3)	I understand my role as proctor, reader or translator.
4)	I have been trained by Exam Administrator and will follow all standards and procedures for exam administration and confidentiality.
5)	I agree to maintain the security of the exams before, during, and after the exam administration.
6)	I will assist to in filling out the address section on the front of the answer sheet.
7)	I will not offer any hints, suggestions, definitions, or clues to the answer of an exam item.
8)	If there are any uncertainty of an exam question, I will provide the candidate with a Candidate Comment Form.
9)	I will ensure no talking or communication of any form between candidates occurs during the exam.
10)	I will ensure all of the candidates' books and class materials are stored at the front or back of the room.
11)	I will ensure no exam materials have left the room with the candidates or have been photocopied.
12)	Under no circumstances will I examine or discuss the exam contents with the candidates before, during, or after the
13)	As a proctor, reader or translator you will not be eligible to take the FSMCE for one calendar year after serving in one of the

In addition, as a Reader: **PRIOR APPROVAL IS REQUIRED.**
Candidate must submit the Accomodation Documentation Form to NRFSP **prior** to testing. **Candidate must submit approval letter to Administrator/Proctor.**

14)	I will read each exam questions clearly and without inflection.
15)	I will fill in the blank(s) on the answer sheet that the candidate has indicated.

In additiona, as a Translator

16)	I will translate directions for the exam ONLY.

MUST BE SIGNED BY PROCTOR, READER OR TRANSLATOR. IF NOT SIGNED, THE EXAM CAN BE INVALIDATED.

I, _____, _____,
Name Title

herby affirm that I understand that my responsibilities as a proctor, reader or translator, are critical to the Food Safety Manager Certification Examination Program. I am aware that I may be afforded access to proprietary information, confidentiality documents, and exam materials, and I hereby agree that I shall not disclose or provide to any person or entity, directly or indirectly, any information or documents pertaining to the preparation, testing, and/or grading services for the FSMCE. I agree that I will not examine any of the exam materials, unseal and sealed exam booklets, or divulge any exam content with candidates before, during, or after the examination, except for the purpose of reading the exam questions.

It is understood that all documents, exam questions, or confidential information received from National Registry are and shall remain the exclusive property of National Registry, and that all documents or information shall be returned promptly to National Registry. As a proctor, reader or translator, I will assist the Exam Administrator as assigned by remaining in the exam room at all times during the exam unless otherwise directed by the Exam Administrator, by not allowing candidates to behave in an inappropriate manner, including talking, and by ensuring that the candidates are delivered an exam administered in a fair test environment.

Finally, I understand that breach of this agreement, intentional or unintentional, shall be grounds for civil proceedings should National Registry so pursue legal remedies to said breach. Minimally, I understand that should I fail to follow the standards set forth by National Registry, or the procedures provided by the Exam Administrator, my privilege as a proctor, reader or translator

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PROCTOR, READER OR TRANSLATOR (PLEASE COMPLETE)

Printed Name: _____

Date: _____

Drivers License #/State:_____

Email Address:_____

Signature:_____

I WILL SERVE AS: ☐ PROCTOR ☐ READER ☐ TRANSLATOR

EXAM ADMINISTRATOR (PLEASE COMPLETE)

I hereby attest that, I the Exam Administrator, have selected, trained, and supervised the above proctor, reader or translator. I have verified the identity of this person.

Printed Name: _____

Signature:_____

Date: _____

Company: _____

***REQUIRED FIELD**

Administrator: Please return this completed form with the exam materials used for the exam session at which the proctor, reader or translator was utilized. To request that this form be placed in your file, allowing your proctor to work future exam dates, please initial below:

_____ Please retain this proctor form for future exam dates. I will indicate the proctor, reader or translator's name on future Exam Administratrator forms as appropriate.

IF YOU HAVE ANY QUESTIONS, COMMENTS, OR CONCERNS,
PLEASE CONTACT NATIONAL REGISTRY AT:

NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS
7680 UNIVERSAL BLVD; SUITE 550
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FAX: 407-352-3603
TOLL FREE: 800-446-0257
EMAIL: CUSTOMER.SERVICE@NRFSP.COM