



PROCTOR ASSURANCES

Instructions: Initial each of the assurances. Complete the proctor name, proctor signature, name of school and date. Please complete one page for each proctor scheduled for HOSA online testing at your school. Return the Proctor Assurances to sparkowski@delawarehosa.org by 4pm on March 1, 2016.

1. _____ I assure that I will register as a HOSA online testing proctor by March 1, 2016 to receive username and password via email by March 4, 2016.
2. _____ I assure that I will only proctor HOSA tests during the designated testing period.
3. _____ I assure that HOSA members will not receive assistance during the online testing session.
4. _____ I assure that I have coordinated the online testing with the Health Science teacher(s), and they will not be proctoring nor will they be present in the online testing room.
5. _____ I assure that I will be actively monitoring the room while online testing is occurring.
6. _____ I assure that talking, sharing answers, reviewing notes, cell phones and Internet usage will be strictly prohibited during the online testing session.
7. _____ I assure that the listed testing schedule will be followed at my school:

Proctor Name: _____

Proctor Signature: _____

Name of School: _____

Date: _____

Delaware HOSA Management Team reserves the right to monitor any of the scheduled online testing sessions.