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**DELAWARE HOSA**

**ONLINE TESTING INSTRUCTIONS**

**Selecting a Proctor:**

1. HOSA Advisors should select the proctor for their school. **Proctors cannot be a Health Science teacher.**
2. Once a proctor has been selected, they must be registered.

* To register a proctor:
* Visit [www.hosa.org](http://www.hosa.org) and click log in at the top corner;
* Enter the chapter number and password to log in;
* At the bottom of the page, click Identify Proctors for Online Testing;
* Enter the first name, last name, and email address of the proctor;
* Click Submit at the right side of the screen.

NOTE: If using a proctor for a second year, their name may be listed at the bottom of the screen. If so, they are already registered. If a name is listed there that you are not using as a proctor, YOU MUST CLICK DISABLE beside their name. If you do not, they will receive all the proctor emails.

You can correct or change the information at any time by typing into the bottom of the screen and clicking save changes.

1. The proctor will receive an email with a user name and password a few days before the start of testing. This will be needed to log in to view the students who should be taking the tests.

**Proctoring a test:**

1. The proctor will go to [www.hosa.org](http://www.hosa.org) and click “log in” at the top right corn of the screen;
2. The proctor will enter the username and password that was emailed. If the proctor does not have a username and password, they should contact Peg Enslen at [peggy.enslen@doe.k12.de.us](mailto:peggy.enslen@doe.k12.de.us)
3. The proctor will log students in to take their test, actively monitor the room to make sure tests are secure, and make sure proper test etiquette is observed. Talking, sharing answers, reviewing notes, cell phones and Internet use are strictly prohibited during the test.

**Taking a test:**

1. Students will visit [www.hosa.org](http://www.hosa.org) and click on “log in” at the top right corner of the screen;
2. Students will click on “take a test”;
3. The proctor will provide the student’s log in and password or the proctor can enter the information for the students;
4. The students will follow the instructions on the test.

NOTE: Testing can only be completed during the pre-determined testing period. DEADLINES CANNOT BE EXTENDED. Substitutes can participate in taking a test; however, must be listed as a substitute and be registered as a national HOSA member.

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**PROCTOR ASSURANCES**

**Instructions: Initial each of the assurances. Complete the testing schedule for your school. Complete the proctor name, signature, name of school and date. More than one of this page should be returned if there is more than one (1) proctor scheduled for HOSA online testing at your school. Return the Proctor Assurances and Testing Schedule to** [**abenjami@udel.org**](mailto:abenjami@udel.org) **by 4pm on 3/1/18.**

1. \_\_\_\_\_\_\_\_\_\_\_\_I assure that I will register as a HOSA online testing proctor by March 1, 2018 to receive username and password via email by March 3, 2018.
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 online testing with the Health Science teacher (s), and the Health Science teacher (s) will not be proctoring or 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 (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proctor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**ONLINE TESTING SCHEDULE**

Place specific testing times for each of the testing sessions clearly in the boxes below.

Write in actual times and not class periods (i.e. write 8:05-9:15 and not period 1).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **3/5/18** | **3/6/18** | **3/7/18** | **3/8/18** | **3/9/18** |
| Dental Science |  |  |  |  |  |
| Nurse Assisting |  |  |  |  |  |
| Medical Assisting |  |  |  |  |  |
| Physical Therapy |  |  |  |  |  |
| Biotechnology |  |  |  |  |  |
| EMT |  |  |  |  |  |
| CPR/First Aid |  |  |  |  |  |
| HOSA Bowl |  |  |  |  |  |
| Healthy Lifestyle |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |
| Sports Medicine |  |  |  |  |  |
| Medical Spelling |  |  |  |  |  |
| Biomedical Laboratory Science |  |  |  |  |  |
|  | **3/12/18** | **3/13/18** | **3/14/18** | **3/15/18** | **3/16/18** |
| Dental Science |  |  |  |  |  |
| Nurse Assisting |  |  |  |  |  |
| Medical Assisting |  |  |  |  |  |
| Physical Therapy |  |  |  |  |  |
| Biotechnology |  |  |  |  |  |
| EMT |  |  |  |  |  |
| CPR/First Aid |  |  |  |  |  |
| HOSA Bowl |  |  |  |  |  |
| Healthy Lifestyle |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |
| Sports Medicine |  |  |  |  |  |
| Medical Spelling |  |  |  |  |  |
| Biomedical Laboratory Science |  |  |  |  |  |