

New or Change of Proctor Form

Please appoint one individual from your staff to fulfill the responsibilities and duties of primary proctor. In addition, designate a secondary proctor to substitute in the event the primary proctor is unable to accomplish his/her duties due to illness or absence. *Those positions most frequently chosen are Director of Education; Instructor; or Placement Director.*



Name of School : _____

Address: _____

Phone Number: _____ **Fax Number:** _____



Primary Proctor: _____

Address: _____

Phone Number: _____ **Credentials (if any):** _____

Position with School: _____ **Date of employment:** _____

Responsibilities & Job Description: _____

Previous Proctor Experience: Yes No **If yes, please explain:** _____

Have you ever been charged with a felony? Yes No **If yes, please explain:** _____



Secondary Proctor: _____

Address: _____

Phone Number: _____ **Credentials (if any):** _____

Position with School: _____ **Date of employment:** _____

Responsibilities & Job Description: _____

Previous Proctor Experience: Yes No **If yes, please explain:** _____

Have you ever been charged with a felony? Yes No **If yes, please explain:** _____



Authorized Signature: _____ **Date:** _____

Please complete these forms and return it to:
NAHP
P.O. Box 459
Gardner, KS 66030
Fax # 913-856-6125 or email to ahersh@nahpusa.com