



OUTSIDE PROCTOR FORM

Thank you for agreeing to monitor one or more exams on behalf of OHSU. Your participation in the learning process is essential to maintaining the academic integrity of the exam process and the quality of the academic program. Please review OHSU Exam Proctoring Policy and Procedure. If you meet the qualifications and are able to perform the duties of an exam proctor, please sign and return this form to the course instructor.

STUDENT INFORMATION

Student Name:

Email:

Phone:

COURSE/ EXAM INFORMATION

Instructor's Name:

Phone:

Email:

Exam Date:

Course Number:

Location of Exam:

PROCTOR INFORMATION

Proctor Name:

Title/Military Rank:

Employer:

Email:

Phone:

PROCTOR CERTIFICATION

I hereby certify that I meet the requirements of an OHSU proctor, and do not hold a conflict of interest. As a proctor, I agree to adhere to all associated policies and procedures. By my signatures below I attest to the following:

I verified the student's identity prior to the exam.

I provided a suitable testing environment

I ensured exam materials were kept secure prior to and after the exam

I ensured the student did not leave the exam area during the exam.

Qualified Position:

Proctor Signature

Date

Program Director Signature

Date