

IFPO CANDIDATE/PROCTOR VERIFICATION FORM

Candidate name : _____

Course Title : _____

Date of Birth : _____

Proctor name : _____

Proctor email : _____

Date of exam : _____

Location of exam : _____

Time exam began : _____

Time exam ended : _____

Proctor Guidelines:

Please check the following guidelines that you adhered to:

- Candidate's identity was verified by photo ID.
- Candidate did not preview the examination prior to taking it.
- Candidate did not use any resources, textbooks, notes or any other course materials unless instructed to in the directions of the exam.
- Candidate was never left unattended at any time during the exam.
- Candidate adhered to the time limit restrictions.

Statement of verification:

I, the candidate named below, hereby certify that I have independently completed this examination under the supervision of my designated proctor. I completed this examination without the use of any books, notes, or items, except those specifically permitted for use during this particular examination.

Candidate name: (print) _____

Candidate signature: _____

I, the proctor named below, hereby certify that I have supervised the administration of this particular examination. I was present for the entire duration of the examination. The above named candidate has completed this examination following all regulations as outlined in the proctor guidelines.

Proctor name: (print) _____

Proctor signature: _____

Email, fax, or mail completed form to:

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