



**CANDIDATE/PROCTOR EXAMINATION VERIFICATION FORM**

**This form must be returned within 24 hours of completing the examination.  
Your certification will not be validated until this form is returned to the ABQAURP office.**

**In the unlikely event of a technical problem between 6pm and 8am, Saturday, Sunday or a holiday, please contact Technical Support at 1-800-514-8490 or email support@testsys.com.**

Candidate Name (Print): \_\_\_\_\_

Proctor Name (Print): \_\_\_\_\_

Proctor Email: \_\_\_\_\_

Date and Time Examination Administered: \_\_\_\_\_

Location of Administered Examination: \_\_\_\_\_

(For example: office, library, candidate's home, proctor's home, etc.)

**PROCTOR RESPONSIBILITIES**

Verify the following responsibilities:

- I verified the candidate's identity with a photo I.D.
- The candidate did not view the examination prior to taking it.
- The candidate did not use any resources.
- I did not leave the candidate unattended at any time during the examination.
- The candidate did not copy down any questions to take from the examination room.
- The candidate adhered to the time limit restrictions.

**STATEMENT OF VERIFICATION**

I, the above named candidate, hereby verify 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.

Candidate Signature: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

I, the above named proctor, hereby verify that I have supervised the administration of this particular examination. The above named candidate has completed this examination following all regulations as outlined in the Proctor Responsibilities.

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

Date of Examination: \_\_\_\_\_

Once this form is completed, please send immediately to ABQAURP.

**The Proctor should return the signed verification form via email (if scanned) to bchalmers@abqaurp.org or fax to 727-569-0195.**

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