



IASHEP Proctor Agreement Form

Thank you for your commitment in requesting to serve as a proctor for an International Association of Safety, Health and environmental Professionals (IASHEP) student.

IASHEP Authorized Learning Partners and other Individuals assuming proctor responsibilities should sign and submit the Proctor Agreement Form by fax: (520) 568-5565. Alternatively, the form can be scanned and emailed to peggyodojil@iashep.org

Should you have questions before, during, or at the conclusion of the examination, please call (520) 568-5565 or email peggyodojil@iashep.org.

STUDENT INFORMATION

Last Name _____

First _____

Member ID _____

Phone _____

Email: _____

PROCTOR INFORMATION

Check this box if you intend to proctor for other IASHEP students than the one listed above. You will not need to complete an additional Proctor Agreement.

Last Name _____

First _____

Middle _____

Title _____

Employer _____

Business Address _____

City _____

State _____

Zip _____

Relationship to Student _____

Work Phone () _____

Email _____

PROCTOR CERTIFICATION

The proctor must provide official certification or documentation verifying their position. Certification should accompany this request, as it cannot be processed without the adequate support documentation.

I hereby certify I meet the requirements of a IASHEP proctor. As an authorized exam proctor, I agree to adhere to those responsibilities and procedures outlined in the Final Examination Proctor Policy when administering Final Exams. Most importantly, by my signature below, I attest that I will only allow the student to access his/her exam in my presence and that I will remain in proximity during the taking of this exam. I will close student access to the exam at the end of the four hours allotted. I also agree that IASHEP may contact me for verification purposes and I grant permission for IASHEP to verify my credentials.

Proctor Signature _____

Date _____