



Exam Certification Form

Thank you for assisting with this comprehensive exam! Your time is appreciated by all of us working to establish a reliable testing opportunity for our members.

This form is to be completed only by the individual responsible for **Proctoring** the online exams. Examinees must be listed on part two of this form to be eligible for consideration in Michigan DECA's competitive event program.

Instructions

1. There are two parts to this form. Both should be completed during the exam process.
2. Part two (Roster of Examinees) may be duplicated as needed.
3. Please number each page in the space provided at the top of the form.
4. After completing both parts, please fax the form to 734-487-4329 within one hour **after the last student has tested for your school/chapter.**

IMPORTANT: Only examinees listed on Part Two (Roster of Examinees) will be considered for recognition. Please be certain that all examinees are properly listed. **Please PRINT all information to ensure readability.**

Total Number of Students Tested: _____

List any students that did not/will not take the test, and should be dropped:

School: _____ **Date(s) of Exam:** _____

Name(s) of Lead/Assistant Proctor: _____

Proctor's Contact Information: (_____) _____
School Telephone Number E-mail Address

With my signature below, I certify that I have read the *Policies and Procedures for Proctoring Michigan DECA Online Exams* and that I meet all criteria to serve as a Lead Proctor. All exams under my supervision on this date were administered in accordance with the testing procedures.

I was in the testing room the entire time that students tested. Yes No

Students did not use any resources during testing
(i.e., cell phones, websites, textbooks, notes) Yes No

Signature of Lead Proctor Date

Signature of Assistant Proctor OR Witness

Date

Signatures are required.