



Proctor Registration Form

This form is to be submitted before November 12, 2017 (for District Conference Online Testing) and AGAIN before February 1, 2018 (for State Conference Online Testing).

1. Prior to selecting a Proctor for your exams, please carefully read the Proctor selection criteria documented in the online testing policies and procedures section.
2. For extended testing periods or other special circumstances, you may use one or more Assistant Proctors. Assistant Proctors must meet the same criteria as the Lead Proctor. Only the Lead Proctor is to be registered in advance, and only the Lead Proctor will have a login to the WebXam web site.
3. A Proctor may oversee testing for a maximum of 40 examinees at a given time. If your site will test more than 40 at any single point in time, an appropriate number of Assistant Proctors must be used. At the conclusion of the examinations, only the Proctor must submit via fax the Exam Certification form.
4. Complete and fax this form to Michigan DECA at 734-487-4329 or scan and email to aday7@emich.edu

Please TYPE:

Chapter Advisor/Test Coordinator: _____

Last Name

First Name

_____ Chapter Name

(_____) _____
Business or Preferred Telephone Number

Advisor's Email Address (testing information will be sent here)

Exam Date(s): _____

List up to a maximum of two testing dates during the conference testing window:

District Conference Testing Window: December 1-12, 2017 ~ State Conference Testing Window: February 21-28, 2018

Lead Proctor

Assistant Proctor _____

Last Name

First Name

(_____) _____
Business or Preferred Telephone Number

Proctor's Occupation / Title

Proctor's Email Address (testing information will be sent here)

With my signature below, I certify that the lead proctor scheduled for the above exam date(s) meets all criteria set for in Michigan DECA Online Testing policies, the said proctor has agreed to supervise testing on this date(s), and to abide by all policies of the program, including remaining in the testing room and monitoring the students during the entire time that all students are testing.

Signature of Advisor / Chapter Test Coordinator

Date

Signature of Principal or Assistant Principal

Date