



*CERTIFICATION BOARD  
for  
RADIOLOGY PRACTITIONER ASSISTANTS*

**CERTIFICATION EXAMINATION  
PROCTOR AGREEMENT**

I, \_\_\_\_\_, hereby testify that I am \_\_\_\_ a faculty member or \_\_\_\_ A testing center employee of the following post-secondary educational institution \_\_\_\_\_ located in the city and state of \_\_\_\_\_

I agree to monitor and serve as a proctor for \_\_\_\_\_, a candidate for the CBRPA certification examination. I understand that the candidate must have access to a computer with an internet connection and with a high resolution viewing monitor, since medical images will be presented during the examination. A monitor with a resolution of 1024 X 768 is needed, preferably higher resolution, if possible.

The examination is four (4) hours in length and must be started at the designated time listed in this document. The candidate must not have any type of books, paper, or any other type of reference material, nor any type electronic devices, including cell

phones, during the length of time of the examination. Conversations with individuals are not permitted; however, a reasonable amount of bathroom breaks are permitted.

Prior to sitting for the examination, the candidate must show to the Proctor two forms of indemnification, one of which must be a federal or state picture identification card. A copy of the picture identification card must be copied and mailed to the CBRPA address.

The examination dates and times are as follows.

<b>DATES</b>	<b>EASTERN</b>	<b>CENTRAL</b>	<b>MOUNTAIN</b>	<b>PACIFIC</b>
Last week in March	11:00 A.M.	10:00 A.M.	9:00 A.M.	8:00 A.M.
May 4, 2011	11:00 A. M.	10:00 A.M.	9:00 A.M.	8:00 A.M.
Last week in September	11:00 A.M.	10:00 A.M.	9:00 A.M.	8:00 A.M.

Compensation for serving as a proctor is according the testing institution policy, if required will be paid upon examination completion and will be paid by the examination applicant. . Instructions and a password will be emailed to the proctor for access to the examination.

I, \_\_\_\_\_, agree to monitor the conditions stated in this document during the examination period and to serve as a proctor for the CBRPA certification examination.

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Institution Phone number during test

\_\_\_\_\_  
Address E-Mail address

\_\_\_\_\_  
Address

*STATEMENT  
of  
EXAMINATION COMPLETION*

The CBRPA Examination Candidate, \_\_\_\_\_

successfully completed the examination administered on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

A copy of a picture identification card is being submitted with this statement.

ADDRESS:

CBRPA  
225 Dupont Drive  
PO Box 1626  
Lander, WY 82520  
Phone: 307-335-5201  
FAX: 307-335-5229  
Email: [jvan225@bresnan.net](mailto:jvan225@bresnan.net)