



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 is determined by an agreement with the candidates and CBRPA. The examination time will be 9:00 a.m. Mountain Standard Time, or 11:00 a.m. EST; 10:00 a.m. CST and 8:00 a.m. PST.

Compensation for serving as a proctor is according the testing institution policy, if required, will be paid by the candidate upon completion of the examination. The Proctor documents can be faxed to the CBRPA office at 307-335-5992. 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.

Please provide a mailing address for the compensation check.

Name

Address

Address

ADDRESS:

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