

LOUISIANA TECH
UNIVERSITY
PROCTOR APPROVAL FORM

Date: _____

Term: _____

Approved:

To be completed by the student:

CWID: _____

Last Name: _____ First Name: _____

Phone: _____ LaTech E-mail Only: _____

Note: Examinations will not be submitted to a proctor until the proctor has been approved.

I will be testing, on location, at the Louisiana Tech HIIM Department

Classes: _____

To be completed by the proctor:

Name/Title: _____

Business Name: _____ City, State: _____

Daytime Phone No: _____ Daytime Fax No: _____

E-mail (Professional E-mail Only): _____

Note: The e-mail you have listed will be the Health Informatics & Information Management's primary method of contact with you. Please initial that you have read and agree to the following:

Proctoring fee: _____ if any.

I have had contact with the above named student and I agree to proctor the examination(s) for this student in accordance with the directions provided by Louisiana Tech Department of Health Informatics & Information Management Proctoring Guidelines. I am not a friend or relative of the student, nor am I a current Louisiana Tech student. I agree to verify the student's identification (ID) when proctoring, and I have reviewed Proctoring Guidelines, which are available at: http://him.latech.edu/documents/proctor_guidelines.pdf

I will provide a quiet, distraction free place in which the student may take the exam, and I will make basic equipment (i.e. desk, chair, and computer) and materials available to take the exam. I will stay in the exam room or in a nearby area during the testing process. I will personally e-mail or fax the completed exam(s) to the Louisiana Tech Health Informatics & Information Management immediately following completion.

I certify that the information on this form is true and complete and I understand that inaccurate or misleading information may affect the student's academic status. I also agree to notify the Louisiana Tech Health Informatics & Information Management immediately if any of the above information or circumstances change.

Proctor's Signature: _____ Date: _____
(Electronic Signature accepted)

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