

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](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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