



## STUDENT/PROCTOR TEST VERIFICATION FORM

(to be completed and returned with written/online exam for Non-Traditional Exams)

### STATEMENT OF VERIFICATION:

#### STUDENT:

I hereby verify that I have independently completed this certification examination under the supervision of my designated/pre-approved AFC Proctor. I completed this examination without the use of any books, notes, etc. and within the time limits.

Certification Examinee Name: (print) \_\_\_\_\_

Student Signature: \_\_\_\_\_

Certification Exam: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

#### Proctor:

Please check:

- I administered the examination according to the instructions provided.
- I evaluated the room as an appropriate and secure testing environment. It was quiet, comfortable, free from distractions and extraneous materials.
- I verified the student's eligibility to test from the official AFC testing roster.
- I verified each student's identity by positive (photo) ID.
- I ensured that all cell phones and electronic devices were turned off and secured until after the exam.
- I monitored for cheating and am reporting no incidences.
- I maintained the confidentiality of student ID, passwords, etc.
- I ensured that all necessary technologies were available and working correctly.
- I supervised the student during the entire duration of the exam and verify that the exam was completed in one sitting. No visitors were allowed in test room
- I notified the student prior to start of exam of the appropriate time limit restrictions and recorded these on this Form.
- I verify the student adhered to the test time limit.
- I did not interpret questions during testing or comment on student's performance. I only provided guidance as it pertained to the exam instructions
- I did not allow talking during the exam.
- I protected the security and confidentiality of the examination in all phases of the process.

Student Questions (regarding test items)

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I, the AFC approved proctor, hereby verify that I have supervised the administration of this particular examination. The above named student has completed this examination following all regulations as outlined in the AFC Test Proctor Orientation.

Proctor Name: (print) \_\_\_\_\_

Proctor Signature: \_\_\_\_\_

Proctor Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Exam Location: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Please notify the AFC&PSC Testing Division immediately if you are unable to proctor the exam. Thank you!

Please return this form to the AFC Testing office via E-mail:  
testing@alabamafirecollege.org; Fax: 205-391-3757