



InterNACHI Proctored Exam Form

This form must be sent to the examinee within 24 hours after the proctoring session is complete by email for their records.

Proctor name (printed): _____

I, the proctor, provide proctored testing services to examinees in controlled, proctored environments, and I have proctored an exam session for the individual named below.

Examinee's name (printed): _____

Examinee's address: _____

Examinee's license number (if applicable): _____

Course name: _____

Date of proctored examination: _____

Location of proctored examination: _____

Exam Score: _____

Proctor signature: _____ Date: _____