

IAHCSMM Overseas Proctor Application



Instrumental to Patient Care®

Please note: exams may be proctored only by those attempting completion of an IAHCSMM exam outside the United States or Canada, hereby known as Overseas Examinations. All Overseas Examinations will be delivered in a secure environment, on a computer over the internet.

All exams delivered within the United States or Canada are not proctored and must be taken at a Prometric Learning Center.

Only those persons that meet and can document their qualifications will be approved as proctors for the IAHCSMM certification exam. The proctor application will be reviewed and approved after verification is complete. Once it is approved, the proctor will receive a confirmation email at the email address provided in this form. Those applications that are incomplete, do not have the required documentation or do not meet the proctor qualifications will not be approved and the student will be notified. No exams will be sent until an approved proctor application is on file.

All Proctor Applications MUST be completed online using this form.

PROCTOR REQUIREMENTS:

The proctor must be a currently employed staff member working within a hospital where the exam will be taken. Please indicate which category best suits your current working relationship with the examination candidate:

- in the facility's education department or library,
- as the human resources manager, or
- as the manager or supervisor of the CS/SP Department
- other (If marked other, please fill in) _____

NOTE: Friends, relatives, co-workers, or fellow students may not serve as a proctor.

PROCTOR INFORMATION:

Name of Proctor: _____

Hospital of Employment: _____

Hospital's Address: _____

Work Telephone Number (including country code): _____

Work E-mail address: _____

Immediate Supervisor: _____

Supervisor's Work E-mail: _____

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STUDENT INFORMATION:

Name of Student(s)

First Name

Last Name

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If the exam site is different from the proctor's work site, please complete the following:

Hospital/Facility Address

Telephone Number: (including country code)

PROCTOR DOCUMENTATION REQUIRED:*

Proof of email: Once this form has been received, a confirmation will be sent to the proctor's email as listed in this form. The proctor must respond to this confirmation email to certification@iahcsmm.org. The e-mail must be from the address listed above. It should include your name and the name of the student(s) requesting you to be their proctor.

Applications will not be approved until both this email confirmation and the completed application are received.

** If you are already an approved proctor, documentation is not required again.*

In accepting the designation of IAHCSMM Exam Proctor, I agree to abide by test security and confidentiality rules set forth by the International Association of Healthcare Central Service Materiel Management.

ELECTRONIC SIGNATURE and DATE

initial here

date

Email Form

Print Form

Clear Form