

**PROCTOR FORM****NC FCCLA KNOWLEDGE TEST**

This form needs to be submitted with the application, it will be used in the event the applicant is fully qualified to move to the next steps and receives the confirmation email with the testing information. Please complete this form to verify your chosen proctor information.

**IMPORTANT**

Per the guidebook, the proctor cannot be the applicant's parent, guardian, teacher, school adviser, or anyone involved in the applicant's FCCLA selection process.

**APPLICANT INFORMATION**


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 Applicant's Name

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 Applicant's School

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 Testing Location

*Must be free of unauthorized materials, distractions, and other students or individuals who could assist the applicant.)*

**PROCTOR INFORMATION**


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 Proctor Name

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 Proctor Title/Role

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 Proctor Email/Phone

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 Relationship to Candidate
**PROCTOR RESPONSIBILITIES & GUIDELINES**

By signing this form, the proctor agrees to the following:

1. Verify the identity of the applicant taking the NC FCCLA Knowledge Test.
2. Supervise the applicant for the entire duration of the test, ensuring no assistance is given.
3. Ensure the testing environment is free from unauthorized materials, including notes, textbooks, devices, and other resources that could be used to cheat.
4. Ensure the applicant does not open windows, tabs, or screens during the test.
5. Prevent the applicant from receiving help from any individual during testing.
6. Follow all NC FCCLA testing policies and report any irregularities to the State Officer Coordinator immediately.

**ACKNOWLEDGEMENT**


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**Applicant's** Printed Name

I, the undersigned applicant, understand that my test will be proctored by the individual listed above and that I must follow all NC FCCLA knowledge test rules.

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**Applicant's** Signature

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 Date

I, the undersigned, verify that I meet all eligibility requirements to proctor this test and agree to follow the guidelines outlined above.

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**Proctor** Signature

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 Date