



HOST ORGANIZATION EXAM DATE REQUEST FORM

Exam Request: Please indicate which of the following exams you wish to host (check all that apply)

- Comprehensive/Recognized Graduate
 Written Specialty
 Modularization
 Practical

Requested date of exam: _____ Exam start time(s): _____

(Comprehensive/RG exam takes 2 ¾ hours, Specialty exam takes 1 ½ hours, Modularization exam takes 1 hour).

All written exams use the same instructions and Proctor. The Modularization exams may be offered at the same time, and in the same room, as the other written exams. An hour lunch break between written exams should be factored into scheduling. The Practical exam is always from 7:00am–1:30 pm.

Maximum number of candidates the room(s) can accommodate: Written: _____ Practical: _____

Contact Information:

Host (College/Lab/Conference): _____

Name: _____ Phone: _____ Fax: _____

E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

After Hours Contact Information

Name: _____ Phone: _____

Location of testing site: *If different than above.*

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Room Number/Name: *If any.* _____

Suggested Exam Proctor: *For written Exams.*

The Exam Proctor is the person designated to ensure the security and confidentiality of the NBC's written exams. Exam materials will be sent to this person, who will be responsible for administering the exams and returning all materials. They will be required to sign the NBC's Proctor Agreement Form prior to the exam shipment date.

Proctors may not be either candidate employers or dental technology department professors or employees (for scholastic sites). Hosts are asked to recommend Proctors, who are subject to NBC approval.

Proctor Name: _____

Proctor credentials: CDT # _____ DMD/DDS _____ Education Professional _____ Other: _____

E-mail: _____ Phone: _____

Street Mailing Address: *(where someone over the age of 21 will be available to sign for materials)*

Address: _____ City: _____ State: _____ Zip: _____

Is Proctor affiliated with the host facility in any way? No Yes (Please describe): _____

Please check this box if the exam proctor is an RG or CDT that would like to receive two credit hours of Professional Development toward their annual CDT or RG renewal for proctoring the written CDT examinations.

Please return completed request form and affidavit with map and directions to:
Allyson Welch, NBC Program Manager
awelch@nbccert.org



These examinations are protected under U.S. copyright law. The unlawful reproduction or involvement in assisting another by any means to reproduce or attempt to reproduce any portion of the examinations is strictly prohibited and will be prosecuted to the full extent permitted by law. Willful infringement of a copyright for commercial advantage or private financial gain is a federal crime.

Any compromise or attempt to compromise these examinations may invalidate the test results of all participants at any exam in which you participated as a host and may result in denial of any future participation in the National Board for Certification in Dental Laboratory Technology programs as an examination proctor and/or as an examination host site.

Prohibited activities which might compromise the integrity of these examinations include, but are not limited to: removing any portion of the examination from the testing location without authorization from the NBC or Professional Testing, reproduction or allowing another by any means to reproduce or attempt to reproduce any portion of the examinations, having any person (whether paid or unpaid) take the examinations on behalf of a candidate other than himself/herself, selling, distributing, buying, receiving or having unauthorized possession of any portion of the examination, collaboration with others on examination questions, and use of any outside materials (including translation dictionaries) during the examination.

By completing and signing this agreement, I acknowledge that I understand my responsibilities as an Examination Host and that I understand that I am playing a critical role in the success of the National Board for Certification in Dental Laboratory Technology and their programs.

By signing and submitting this application, I affirm the following:

1. I am being afforded access to proprietary information, confidential documents, and examination materials. I agree to hold safe and not disclose or reveal, intentionally or unintentionally, to any person, individual or entity, any secure information.
2. I will not examine any test materials, unseal any sealed test booklets, or discuss any test content with any candidates.
4. A host representative will be available during the examination administration without offering coaching or other assistance and will not provide word definitions. I acknowledge that I must do everything in my power to ensure that the exam responses are entirely those of the candidates.
5. I agree to comply with NBC procedures for handling any breach of security and will report any observed or suspected breach to NBC immediately.
6. I will not sit for the National Board for Certification in Dental Laboratory Technology written CDT examinations within a period of one year from the date of administering these examinations.
7. I agree to indemnify and hold harmless the NBC, its Trustees, officers, employees and agents, and the institution where the CDT examination is administered from any and all liability for injury or damages suffered by me, or which I might cause to others, during the course of taking my examination.

Furthermore, I understand that if I fail to follow the NBC procedures for upholding the integrity of the examinations that all of the candidates' examination results may be invalidated and I may be held liable for any damages .

Host Representative (Printed)

Host Representative (Signed)

Date