



Written CDT Examination Volunteer Proctor Information Form

Mr. Ms. Mrs. Name (please print) Date

Email Address Cell Phone #

Work Address Home Address

Work Phone #: Home Phone #:

NBC ships exam materials via UPS and requires the signature of someone 21+ years of age. Please indicate which address would be appropriate to send the materials to for any examination you may proctor.

Home Work Other If you marked "Other", please note the address in the "Comments" section below

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I am interested in being notified by the NBC when there is an opportunity to proctor the written CDT examinations in my geographical area. I'd be willing to travel miles by vehicle.

I will notify the NBC if I see an exam listed on the CDT exam schedule that I am interested in and available for to assist with administering the exams.

I am a CDT who would like 2 hours of professional development continuing education credit hours toward my annual renewal as allowed by the NBC's policies for each examination I proctor. My CDT # is

Please send me detailed information about proctoring written examinations.

Comments:

Please return this completed form to Allyson Welch, Program Manager.