\*Name\*



Candidate Rules Agreement

Please review the following exam rules. You will either be asked to sign below or provide a digital signature. Please ask the administrator if you have questions.

**I understand that, in order to take my CDA exam:**

* I may not bring personal items (purse, phone, wallet, etc.) into the testing room. Instead, I will store my belongings in a locker or container outside of the test room (and will turn any cell phone and other electric devices off before storing them). Please note: The test center is not responsible for lost, stolen or misplaced personal items.
* I may not bring food or beverages into the test room.
* I will not disturb others taking tests and will remain silent when in the test room.
* I will notify the administrator by raising my hand when I need to take an unscheduled break. I understand that the exam time will not stop while I am on a break.
* I will notify the administrator immediately by raising my hand if I have a problem that affects my ability to complete the exam.
* I am aware that the testing session may be audio and video recorded for security purposes.
* I will not discuss the exam questions and answers with other candidates during or after the exam. I will contact the Council for Professional Recognition after I leave the test center if I have questions related to the content of the exam.

**Your privacy -** Your exam results will be encrypted and transmitted to Pearson VUE and the Council for Professional Recognition. The test center does not retain any information other than when and where your exam was taken. The Pearson VUE Privacy Policy Statement provides additional information regarding this which you can obtain by visiting the Pearson VUE Web site (www.pearsonvue.com) or by contacting a Pearson VUE Call Center.

By signing below or providing a digital signature, I give Pearson VUE my explicit consent to retain and transmit my personal data and test responses to Pearson VUE and to the Council for Professional Recognition, either of which may be outside of the country in which I am testing. I understand the information provided above and agree to follow the rules. If I do not follow the rules, or I am suspected of cheating or tampering with the computer, this will be reported to Pearson VUE and the Council for Professional Recognition, my exam may be invalidated, the Council may revoke my CDA credential, and I will not be refunded my exam fee.

Signature: Name (Please print): Date:

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