

# TEST ADMINISTRATOR/PROCTOR & SHIPPING INFORMATION



- Please print clearly
- Fax, email, or mail completed form
- Incomplete forms will result in a processing delay
- Copy of government-issued photo identification REQUIRED

**ONLINE EXAMS ONLY**

## TEST ADMINISTRATOR/PROCTOR INFORMATION

|   |                 |              |
|---|-----------------|--------------|
| First Name  | Middle Name     | Last Name    |
| Street Address / P.O. Box   |                 | City / State |
|   |                 | ZIP Code     |
| Phone Number  | Fax Number      |              |
| Email Address   |                 |              |
| Years in Business   | Company Website |              |
| Estimated number of exams to be given: _____ per (month/year) _____   |                 |              |
| Does your organization need training material? <input type="checkbox"/> Yes <input type="checkbox"/> No                           |                 |              |
| Have you ever been an administrator for an ANSI/CFP accredited provider? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |              |
| If so, have your privileges ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No                           |                 |              |
| If yes, please explain:   |                 |              |

## IDENTIFICATION (ATTACH PHOTO COPY)

|   |           |                 |        |
|---|-----------|-----------------|--------|
| <input type="checkbox"/> Driver's License |           |                 |        |
| <input type="checkbox"/> Passport         | Issued By | Expiration Date | Number |

## SHIPPING INFO

|   |                        |              |
|---|------------------------|--------------|
| <input type="checkbox"/> Residential <input type="checkbox"/> Business - Name of business: <b>ONLINE EXAMS ONLY</b> |                        |              |
| <b>N/A</b>  | <b>N/A</b>             | <b>N/A</b>   |
| First Name  | Last Name              | Phone Number |
| <b>N/A</b>  |                        |              |
| Street Address / P.O. Box   | City / State           | ZIP Code     |
| <b>N/A</b>  | <b>N/A</b>             |              |
| Supervisor Name (if applicable)   | Region (if applicable) |              |

Upon approval, you will be registered as a Test Administrator/Proctor, at which time NRFSP will send you the identifying codes you will need for ordering and examination administration. You will also be provided log-in information for our website.

Phone: (800) 446-0257 ■ Email: [customer.service@nrfsp.com](mailto:customer.service@nrfsp.com) ■ Web: [www.NRFSP.com](http://www.NRFSP.com) ■ Fax: (407) 352-3603  
7680 Universal Blvd, Suite 550, Orlando, Florida 32819

# TEST ADMINISTRATOR/PROCTOR AGREEMENT



- Please print clearly
- Fax, email, or mail completed form
- Please read carefully before completing the requested information

1. I have agreed to serve as a Test Administrator/Proctor for National Registry of Food Safety Professionals' Food Safety Manager Certification Examination, hereafter referred to as the FSMCE.
2. I have read the Test Administrator/Proctor Manual, and will adhere to all standards of administration, confidentiality, and all procedures and instructions including the Code of Conduct as specified in the Test Administrator/Proctor Manual.
3. I have experience in giving secure exams (any kind, not limited to food).
4. I will not sit for the FSMCE within a period of one year after serving as a Test Administrator/Proctor for the examination except at a Pearson VUE exam center (preapproval from NRFSP required)
5. I am submitting personal references from three individuals (two of whom have known me for more than one year).
6. I understand that I can only serve as Test Administrator/Proctor Manual for the first 35 examinees. Beyond that number there must be one Proctor for every 35 examinees and I must return a signed Proctor Agreement Form for each Proctor.
7. I will locate, select, train, and supervise all Proctors.
8. I agree that immediately upon receiving examination booklets, I will verify the shipment and notate on the Examination Test Administrator/Proctor Report Form.
9. I agree to keep the examinations under double-lock in secure storage or in my sole possession until administration.
10. I agree to maintain the security of the exams before, during, and after the exam administration.
11. I agree to comply with the procedures for handling and breach of security as outlined in the Test Administrator/Proctor Manual.
12. I will organize and administer all exam site activities and procedures, including securing a site that conforms to the requirements specified in the Test Administrator/Proctor Manual.
13. I will accurately check examinees' government issued photo identification.
14. I will not offer any hints, suggestions, definitions, or clues to the answer of an exam item.
15. If there are questions as to the understanding of an exam item, I will provide the examinee with an Examinee Comment Form.
16. I will ensure no talking or communication of any form between examinees occurs during the exam.
17. I will ensure all of the examinees' books and class materials are stored at the front or back of the room.
18. Under no circumstances will I examine or discuss the exam contents with the examinees before, during, or after the examination.
19. I will ensure that no exam materials leave the room with the examinees or have been photocopied.
20. I understand that a representative of the National Registry may audit any administration of the FSMCE.
21. I affirm that I am not an employee of any other ANSI/CFP accredited FSMCE organization.
22. I understand that I cannot reproduce certificates or wallet cards, alter certificates or wallet cards, or otherwise misrepresent the information contained on the original document.

I hereby affirm that I understand that my responsibilities as a Test Administrator/Proctor are critical for a fair and equitable administration of the National Registry of Food Safety Professionals' Food Safety Manager Certification Examination Program to each examinee.

*Initial*

|  |   |
|--|---|
|  | <b>Confidentiality and Nondisclosure:</b> I am aware that I may be afforded access to proprietary information, confidential documents, and examination materials, and I hereby agree that I shall not disclose or provide to any person or entity, directly or indirectly, any information or pertaining to the preparation, examination, and/or grading services for the FSMCE provided by National Registry. I agree that I will not examine any of the exam materials, unseal any sealed exam booklets, or divulge any exam content with examinees before, during, or after the examination. It is understood that all documents, exam questions, or confidential information received from National Registry are and shall remain the exclusive property of National Registry, and that all documents or information shall be returned promptly to National Registry. As an Test Administrator/Proctor, I will keep the exams in a double-locked and secure location, remain in the exam room at all times during the exam, not allow examinees to behave in an inappropriate manner, including talking, and will ensure that the examinees are delivered an examination that is administered in a fair exam environment. |
|  | <b>Controlling Law/Venue:</b> I understand that the validity, interpretation, and performance of this Agreement shall be controlled by and construed under the internal laws of the State of Florida, without regard to conflict of law principles. This Agreement shall not be construed for or against either party, Venue for any legal proceeding or action at law arising out of or construing this Agreement shall lie solely and exclusively in the state courts of Orange County, Florida, or the United States District Court for the Middle District of Florida, Orlando Division. Both parties acknowledge that this Agreement was created in and will be partially performed in the State of Florida, and therefore each party agrees to submit to the exclusive personal jurisdiction of the State of Florida for a resolution of all disputes arising in connection with the interpretation, construction or enforcement of this Agreement, and each party hereby waives any claim or defense to such courts, including any claim or defense that such courts constitute an inconvenient forum.   |
|  | <b>Attorney's Fees:</b> I understand that if either party initiates or is made a party to legal proceedings in connection with this Agreement, then the non-prevailing party in those proceedings will pay the costs and reasonable attorneys' fees.  |
|  | <b>Severability:</b> I understand that legal unenforceability of a single provision in this Agreement shall not prevent enforcement of any other provisions of the Agreement.   |
|  | <b>Contract Breach:</b> I understand that any breach of this agreement, including inappropriate conduct such as lying or cheating while participating in an examination which shall be deemed a material breach, shall permit National Registry of Food Safety Professionals to pursue all available legal remedies, including seeking monetary damages and injunctive relief in addition to resulting in future exclusion from any and all National Registry of Food Safety Professionals certification designations, examinations, and other programs. In understand that should I fail to follow the standards set forth by the National Registry, or the procedures provided in the Test Administrator/Proctor Manual, my privilege as a Test Administrator/Proctor will be revoked.  |
|  | <b>New Accounts:</b> I agree to abide by and adhere to all financial requirements as presented on the New Account Establishment Form.   |

Print Name

Signature

Date

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# ACCOUNT ESTABLISHMENT

- Please print clearly
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## DISTRICT OFFICE INFORMATION

### BILLING INFORMATION

**BARNES & NOBLE #** \_\_\_\_\_

Company Name/**District Office #** \_\_\_\_\_

**District Manager Name** \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address / P.O. Box \_\_\_\_\_

City / State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Email Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Is a PO required for billing? ☐ Yes ☐ No

Contact name for PO # \_\_\_\_\_

### BILLING POLICIES

All invoices are billed monthly - net 30 days.

1. The credit card on file will be automatically charged for monthly invoices until the minimum number of scored exams is met and a written request is received from you. (This excludes government, school, and corporate accounts)
2. Checks payable to National Registry of Food Safety Professionals (NRFSP) sent to PO Box 628244 Orlando, FL 32862-8244.
3. NRFSP reserves the right to charge the credit card on file for all invoices more than 60 days past due.
4. Your account will be inactivated if no exams are scored exams for a year. An Account Update is required to reactivate account.
5. Please choose and notify us how you would like to pay your invoices after the minimum number of scored exams is met:

### RUSH AND CANCELED ORDER FEES

1. Exam orders placed 9 business days or less of the date needed (not counting the day you order) will be assessed a \$30 rush fee.
2. Exam orders received 4 business days or less of the date needed (not counting the day you order) will be assessed an \$85 rush fee. (limit 50 exams delivered in the Continental US excludes First Overnight). Call for international rates.
3. Cancelled orders will be billed a \$2 per exam ordered.
4. Past due exams will be billed at \$2 per exam.

### CREDIT CARD POLICY

1. The credit card on file will be automatically charged for monthly invoices until the minimum number of scored exams is met and a written request is received from you. (This excluded government, school, and corporate accounts)
2. National Registry of Food Safety Professionals reserves the right to charge the credit card on file for invoices 60 days past due.

**Credit Card** (by signing below, you authorize NRFSP to charge your card) ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Sec. Code \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Personal Guaranty:** The undersigned, in order to induce National Registry of Food Safety Professionals, a division of Environmental Health Testing (NRFSP/EHT), to extend credit under the terms of the Agreement, hereby unconditionally and irrevocable guarantees to NRFSP/EHT the due and punctual payment of all amounts due under the Agreement or invoice submitted by NRFSP/EHT in the normal course of business, when and as the same shall become due and payable, whether at the times stated therein or herein or by acceleration or otherwise and costs and expenses of collection. Upon default or failure of \_\_\_\_\_ [your company name] in making any such payment when due (including any costs of collection), the Personal Guarantor will forthwith pay the same. This guaranty is an absolute, unconditional, present and continuing irrevocable guaranty of payment and not of collectability. The Personal Guarantor unconditionally and irrevocably waives each and every defense which, under principles of guarantee or surety ship law, would otherwise operate to impair or diminish the liability of the Personal Guarantor, including any extensions of time for payment or the exchange, surrender or release of any merchandise. This guaranty shall be binding upon the successors and assigns of the Personal Guarantor, and inure to the benefit of, and be enforceable by, the successors, assigns and endorsees of \_\_\_\_\_ [your company name]. The Personal Guarantor further agrees to all provisions in this agreement, including but not limited to, the provisions relating to governing law, venue, personal jurisdiction, and attorney's fees for prevailing party.

Guarantor Name: \_\_\_\_\_

Guarantor Signature: \_\_\_\_\_

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# TEST ADMINISTRATOR/PROCTOR CODE OF CONDUCT

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## National Registry of Food Safety Professionals Code of Conduct

I understand that my personal standards of honor and integrity must, at all times, be above reproach and I must conduct myself in a manner that reflects favorably on my profession. By doing so, I will strive to create an ethical climate within my organization, my industry and the community of clients which I serve; building honesty and trustworthiness in all relationships and ensuring reliability in performing my assigned responsibilities. I agree to:

1. Be truthful and accurate in what I say, do, and write.
2. Adhere to the law at all times.
3. Promote and encourage the highest level of food safety within the industry.
4. Not misrepresent nor permit misrepresentation of my qualifications or the qualifications of my associates.
5. Maintain due regard for the environment and for the public safety, health, and well-being.
6. Strive to maintain competence by remaining current with changes in the industry.
7. Understand the certificate, logo, and marks for the ICFSM are the property of National Registry; and I will use such property in an approved manner.
8. Uphold and follow all policies and procedures required by National Registry to remain in good standing.
9. Report to National Registry any pending litigation and resulting resolution related to my work in food safety.
10. Avoid any interest, activity, or influence which may be intended to influence a decision purely for personal gain and not in the interest of public safety.

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Print Name

Signature

Date

# TEST ADMINISTRATOR/PROCTOR REFERENCE FORM



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Please provide three references below as required for approval as a Test Administrator/Proctor. It may be used instead of letter from references. Each reference must provide his or her contact information. Two of the references must have known you for more than one year. Relatives may not serve as a reference. Also, non-relatives who reside at the same address as the Test Administrator/Proctor Applicant may not serve as a reference.

|                |                             |
|----------------|-----------------------------|
| _____          | <u>BARNES &amp; NOBLE #</u> |
| Applicant Name | Company                     |
| _____          | _____                       |
| Daytime Phone  | Email                       |

The following individuals have agreed to act as references to my professionalism and experience in areas that will enable me to fulfill my responsibilities and duties as described in the Test Administrator/Proctor Manual for the Food Safety Manager Certification Examination program. I have asked these individuals to attest to my qualifications because they have known me personally and/or professionally, two of them for at least one year. Each individual has agreed to provide reference information to National Registry of food Safety Professionals when contacted.

## REFERENCE 1

|           |         |
|-----------|---------|
| _____     | _____   |
| Name      | Address |
| _____     | _____   |
| Telephone | Email   |

## REFERENCE 2

|           |         |
|-----------|---------|
| _____     | _____   |
| Name      | Address |
| _____     | _____   |
| Telephone | Email   |

## REFERENCE 3

|           |         |
|-----------|---------|
| _____     | _____   |
| Name      | Address |
| _____     | _____   |
| Telephone | Email   |

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