



**Name of Proctor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

This document confirms that you will treat with confidentiality all materials and testing materials used within the Educational Interpreter Performance Assessment- Written Test a product of the EIPA Diagnostic Center at Boys Town National Research Hospital, Omaha, NE. Specifically included within this agreement is the security and confidentiality of all EIPA-Written Test content.

My signature confirms that I agree to be responsible for the security of EIPA-Written Test materials.

If the confidentiality of the testing materials is compromised in any fashion while I am carrying out the duties of administering the written test, I will be held liable to Boys Town National Research Hospital and its Educational Interpreter Performance Assessment Diagnostic Center. Liability will include, but may not be limited to, full replacement cost for producing and implementing new, comparable testing materials, and all costs incurred for necessary adjustments to the EIPA testing system due to negligent oversight of these materials. The individual serving as a test proctor must review requirements stated below. Your signature indicates that you agree with these conditions.

### **Proctor Professional Criterion and Responsibilities**

- I understand that I must have already passed the EIPA written exam or have no intention of ever taking the test in the future. I may not take any version of the EIPA that I have proctored.
- All test content materials must be kept secure. I will maintain password security and the security of the test.
- I will remain in the test room and monitor participants(s) while they are taking the written test.

- I understand that I must allow up to 4 hours for participant(s) to complete the test.
- I will ask for a picture ID from each participant as they arrive.
- I will not restate, reword or clarify the meaning of any test questions while a participant is testing. I understand participants must read and interpret the meaning and intent of all questions for themselves.
- I must ensure that the test room is a quiet, comfortable, distraction-free and safe environment for testing.
- I must ensure that participants(s) do not bring any print materials, cell phones or electronic devices into the test room and do not speak with other individuals while testing.
- I must ensure that the participant(s) cannot access the internet while testing.
- I agree to conduct the test with the Secure Player active on the computers in accordance with the EIPA Diagnostic Center's established criteria.
- I have reviewed these requirements and agree to adhere to the standards of responsibility as outlined by this document. If I have any confusion or uncertainty about procedures, I agree to contact the EIPA Diagnostic Center prior to offering testing.

My signature confirms that I agree to be responsible for the security of EIPA-Written Test materials.

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**Signature, Proctor Applicant**

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**Notary**

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**Date**

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*For Office Use Only*

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**EIPA Diagnostic Center Representative**

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**Date**