

DISTANCE LEARNING PROCTOR AGREEMENT
AND AUTHORIZATION OF CONTACT

Student Name _____
First Name Middle Initial Last Name

Name of Proctor/Proctoring Service _____

Name _____ Credentials _____

Proctor/Proctoring Service Address _____

Street _____ City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

Licenses/Certifications/Degrees Held (if applicable) _____

State Licensed Issued _____ License Expiration Date _____

Will you proctor this student during section final exams? Yes No

I agree to proctor the above named student during final course exams and submit the completed exam to Institute of Chemical Dependency Studies (ICDS).

Proctor Printed Name _____ Proctor Signature _____ Date _____

Student Printed Name _____ Student Signature _____ Date _____