



THE NATIONAL EXERCISE & SPORTS TRAINERS ASSOCIATION EXECUTIVE CERTIFICATION BOARD

PROCTOR AGREEMENT for NESTA DISTANCE LEARNING EXAM

Please indicate the reason why the student is petitioning for Private Proctoring:

- International Student     Travel Hardship     Disability Hardship     Active Military Duty

**Proctor Information (to be completed by NESTA approved Proctor):**

Instructor/Course Information

Class NESTA PFT

Proctor's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Title \_\_\_\_\_ Approved ID \_\_\_\_\_  
(Valid State Driver's License, State Issued ID, Military ID, Passport etc.)

Organization \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Proctor Agreement Statement

As an exam proctor, I will proctor the agreed upon exam for stated NESTA student(s). I will carefully review all exam instructions and certify that each exam be administered in accordance with the following guidelines:

1. Proctor will verify Candidate(s) identification with an approved photo ID (State Driver's License, State Issued ID, Military ID, Passport etc.) and have Student(s) sign-in on page 2 of this document
2. No outside assistance will be allowed (closed-book only, no computer, no references, etc.)
3. Student(s) will have have two hours to complete the exam
4. All copies of the exam will be destroyed after the Student(s) have filled-in the answer sheet

I agree that all exams will remain confidential until administered to the student. Upon completion the exam this completed form, the completed answer sheet(s) and a photocopy of the proctor's approved ID will be faxed or mailed in a sealed envelope to NESTA within 24 hours. **Please sign and return both pages of this form with a photocopy of your ID to NESTA at the address listed below.**

Proctor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student(s) Full Name \_\_\_\_\_ Student Full Name \_\_\_\_\_

Student Full Name \_\_\_\_\_ Student Full Name \_\_\_\_\_

NESTA Executive Certification Board  
29811 Santa Margarita Pkwy  
STE 500  
Rancho Santa Margarita, CA 92688-2123 USA  
fax: 949-589-8216

NOTE: If found in violation of this agreement, certification(s) are considered null and void.

**Student Information (to be completed by NESTA PFT Student):**

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_

Approved ID \_\_\_\_\_

Proctor's Initials \_\_\_\_\_

---

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_

Approved ID \_\_\_\_\_

Proctor's Initials \_\_\_\_\_

---

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_

Approved ID \_\_\_\_\_

Proctor's Initials \_\_\_\_\_

---

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_

Approved ID \_\_\_\_\_

Proctor's Initials \_\_\_\_\_

---

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_

Approved ID \_\_\_\_\_

Proctor's Initials \_\_\_\_\_