**Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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| --- | --- | --- | --- | --- |
| **Name & Certification Number** **Email**  | **CBT Proctor** | **Skills Evaluator** | **Administrator** | **Training Session** **Date** |
| *Example: John Doe 123456* | *X* | *X* |  | *January 1st, 2016* |
| *jdoe@domain.com* |
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**Recommendation by Department Medical Director for Testing Proctor Candidate(s):**

I recommend the listed Department Members to attend a Proctor training session for our department with the understanding that they will comply with all the requirements as listed in the Implementation Guide for their assigned role.

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Department Medical Director Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Department Chief Signature Date

**This form to be emailed to Alex Brahm (****apbrahm@premierhealth.com****)**