



## CERTIFICATION BY EXAM

RNAS-C candidates seeking to certify by exam may test with a proctor. Complete the following proctor form.

### NAME OF RNAS-C TESTING CANDIDATE

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

### PROCTOR INFORMATION

Name of Testing Center or Location (where the proctored exam will take place, such as a college, library, ACT, or Sylvan Learning Center) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website Address \_\_\_\_\_

Name of Proctor \_\_\_\_\_ Proctor Title \_\_\_\_\_

Proctor's Contact Phone Numbers: Work ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email of Proctor \_\_\_\_\_

Projected Date of Exam \_\_\_\_\_ Time \_\_\_\_\_

Total Amount of Testing Fee(s) Required By Institution and Proctor (if any) \$ \_\_\_\_\_

If Fee(s) Required Payable to Whom: \_\_\_\_\_  Candidate will provide fee to proctor if applicable