

Dear Director:

Please appoint one individual from your staff to fulfill the responsibilities and duties of primary proctor. In addition, designate a secondary proctor to substitute in the event the primary proctor is unable to accomplish his/her duties due to illness or absence. *Those positions most frequently chosen are Director of Education; Instructor; or Placement Director.*



Primary Proctor: _____

Address: _____

Phone Number: _____ **Credentials (if any):** _____

Position with School: _____



Secondary Proctor: _____

Address: _____

Phone Number: _____ **Credentials (if any):** _____

Position with School: _____



Authorized Signature: _____ **Date:** _____

Please complete this form and return it to:

**NAHP
P.O. Box 459
Gardner, KS 66030**