



Associate Membership Application Instructions

Associate membership/test site applications are reviewed every third Saturday of every month. Your application should arrive two weeks prior to the review date to be considered. If your application is not received by that deadline then it will be prepared for the following month.

The application should be complete and include instructional information **or** resumes on each individual involved in the educational teachings of your students, in the specific categories you are requesting credentialing opportunities.

All designated proctor forms should be completed with an additional secondary proctor chosen.

Your application must be submitted with a current college catalog.

Your application must be submitted with the application fee if applying for Associate membership status. If you are applying to be a test site only, all information must be filled out and submitted.

Associate Membership **Plan**



Complete the following material and return to:

National Association For Health Professionals
P.O. Box 459 Gardner, Kansas 66030

Phone: 1-800-444-0839
www.nahpusa.com



The Associate Membership Plan

The National Association for Health Professionals (NAHP) is an association dedicated to the further educational development of the graduate students of private career schools and business colleges. The three primary objectives of the NAHP are as follows:

- 1.** To promote higher educational standards used by schools to assure continuing competence.
- 2.** To assist the private career schools through better retention programs for students as well as teachers.
- 3.** To develop nationally recognized health occupational credentialing.

The association has an advisory board of Health Care professionals to give a good balance of quality to the public.

While NAHP is not an accrediting agency for federal funds, it is an association that has standards of requirements for associate membership.

NAHP does not interfere with your school's objectives. It is concerned with your course of study, syllabus, and teaching guides. NAHP is concerned whether or not your curriculum and instructional materials are current with present day health practices.

NAHP Recommendations for Associate Members

NAHP recommends a student/teacher ratio not to exceed 25:1.

NAHP recommends an appropriate refund and cancellation policy on a prorated basis.

NAHP recommends an active student services program, such as, placement, counseling, and retention.

NAHP recommends that all school advertising and school promotions be in compliance with the ethical standards set forth by federal recognized accrediting agencies.

NAHP recommends that instructor's experience be at least three years, and have an educational background relative to their particular subject.



Application for School Approval
(Submit one original and one copy)

Secretary
National Association for Health Professionals
P.O. Box 459
Gardner, Kansas 66030

Dear Secretary:

We wish to apply for associate membership with the NAHP. Enclosed is a copy of each instructor's vitae.

Also enclosed is an outline of our college syllabus and a copy of our college catalog, and our one time application fee of \$100.00.

It is agreed that we will not make any promotional use of our application until approval has been received.

This school, its owners and administrators (are, are not) _____ affiliated with any other schools. Attached is a listing by name and address of affiliated schools.

We are located in the (number) _____ U.S. Congressional District. The name and address of our congressman is: _____

Sincerely, _____ Title _____

School _____

Address _____

Submitted by _____

Prepared by _____

Phone # _____ Date _____



Self Evaluation Guide

Catalog

As required by Federal law, no student is to be enrolled into school without the benefit of first seeing the school's catalog. Your school's catalog should contain the following:
(Please fill in the page number along side the corresponding information)

- _____ Full name, address and phone number of your school
- _____ The date of your catalog publication
- _____ A statement of your school's philosophy
- _____ Course description
- _____ Course length in clock hours, weeks, or months
- _____ Refund policy
- _____ Policies relating to absences, conduct, termination, etc.
- _____ Placement assistance
- _____ Tuition and other miscellaneous charges
- _____ Class start dates
- _____ Housing
- _____ Holidays
- _____ Grading systems
- _____ A description of your facilities
- _____ Class cancellation policies
- _____ Accreditations
- _____ Associations
- _____ Approvals
- _____ Student services
- _____ Administrative staff



Check each box to acknowledge agreement of each statement.

Recruitment

- _____ All school representatives recruiting students shall be in full compliance with local and state laws and shall have such license or registration as may be required by law.
- _____ School officials are responsible for all materials presented to the public for recruitment.
- _____ No funds accepted for enrollment are to be received without first giving the applicant a copy of the enrollment agreement and a receipt, and the enrollment is not binding until it is accepted by the proper school officials.
- _____ No students presently enrolled in other schools are to be encouraged to leave that facility to attend yours.

Equipment

- _____ Equipment should be similar to the common practice of the occupation.
- _____ There should be sufficient equipment for each student to receive hands-on training in his or her scheduled class time.
- _____ All equipment should have adequate safety devices to prevent any injury to students.

Student Services

- _____ All faculty members should be responsive to student needs.
- _____ Faculty members should be available for students needing tutorial aid. However, they are not to be referred to as counselors unless qualified as such.

Admissions

- _____ No discrimination on the basis of race, creed, color, sex, or national origin.
- _____ Full disclosure of the course description and the reasonable assuredness of the applicant's ability to complete the course.
- _____ Complete certainty that the applicant will be able to mentally and physically use the training for employment in the field for which the training was designed.
- _____ Written statements and records must be on hand for verification that the student has the ability to benefit.



Admissions continued

- _____ Enrollment agreements clearly outline the obligations of both school and student.
- _____ Enrollment agreements boldly explain refund and/or cancellation policies.
- _____ Payment is not accepted until after the student has received a copy of the enrollment agreement.
- _____ Tuition is the same for every student for any specific course at any given time, the exception being for special governmental group rates.

Advertising

- _____ All advertising must clearly state that the training and not employment is being offered.
- _____ Advertising shall not be placed in the "help wanted" section of the newspaper.
- _____ No implication of "guaranteed employment" is to be made.
- _____ All advertising is kept truthful and shall be void of any false or misleading statements.
- _____ Any pictures of buildings not owned by the school shall state the amount of space occupied by the school.
- _____ Scholarships are not to be used for recruiting, instead used in the reduction of tuition.
- _____ Testimonials and endorsements must be factual and kept on file.



Additional Information

Please check below the services you have the most need or interest in:

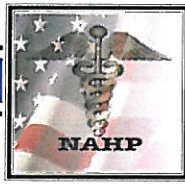
- _____ Student retention
- _____ Review books
- _____ Instructor education programs
- _____ Curriculum
- _____ Student insurance
- _____ Admissions training guides
- _____ Admissions videotapes
- _____ Student services programs



Credential Information

The following is a list of credentials offered by the NAHP. Please indicate which certification exams you are interested in receiving approval for. A college catalog must be submitted and subject matter indicated for each credential.

- _____ Medical Assistant (NRCMA)
- _____ Phlebotomy Technician (NRCPT)
- _____ EKG Technician (NRCEKG)
- _____ Coding Specialist (NRCCS)
- _____ Administrative Health Assistant (NRCAHA)
- _____ Patient Care Technician (NRCPT)
- _____ Pharmacy Technician (NRCPhT)
- _____ Surgical Technician (NRCST)
- _____ Dental Assistant (NRDA)



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 or her duties due to illness or absence. Please send in a proctor contract and resume or instructional paperwork on each proctor. **Those positions most frequently chosen are Director of Education; Instructor; or Placement Director.**

Primary Proctor _____

Address _____

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

Position with School _____

Email Address (school related) _____

Secondary Proctor _____

Address _____

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

Position with School _____

Email Address (school related) _____

Authorized Signature _____ **Date** _____

Please Complete And Return To:

NAHP

P.O. Box 459

Gardner, KS 66030



NAHP Proctor Contract

Please appoint one individual to fulfill the responsibilities and duties of primary proctor and designate a secondary proctor. A third proctor can be added as a backup proctor. Each person designated as proctor is required to complete this contract\confidentiality agreement and submit a resume.

Proctor Information:

Name: _____

Home Address: _____

School/Test Site Related Email Address: _____

Proctor Position: Primary Secondary Backup

Previous Proctor Experience: Yes No If yes, please explain: _____

Position with school/test site: _____ Date of employment: _____

Telephone Contacts:

School Number: _____ Fax Number: _____

Cell Number: _____ Best time to contact: _____

School Information:

Name of School: _____

School Address: _____

Director/Director of Education: _____

Contact number for DOE: _____ Best time to contact: _____

In an effort to make the **National Association for Health Professionals Inc.** certification examinations the most effective measurement of knowledge and skill assessment, it is imperative that the proctor follow all policies and procedures as they pertain to the process of certification.

In entering into this contract it is understood that the proctor will, to the best of their ability, perform the duties as described in the following document.

Proctor Duties:

All proctors must be pre-approved by the **NAHP**. If an unapproved person proctors an exam, that exam group will be voided and a new date with an approved proctor must be scheduled.

The proctor must schedule all test dates no later than 6 weeks prior to the desired test date.

The proctor will submit applications for a scheduled exam no less than two weeks prior to the test date.

The proctor will submit all necessary paperwork pertaining to the applicants participating in the scheduled test date.

The proctor may require students to submit their own application, payment, and proof of completion of course with the understanding that if the required documentation is not received within the stated time allotment, the applicant will be re-scheduled for a future test date.

The proctor agrees that under no circumstances will they review or allow others to access, view, or copy the contents of the exam or the students written responses.

The proctor agrees to provide the appropriate and adequate testing area for the students.

The proctor agrees to never accept cash from the students for application fees.

The proctor is never, at any time, for any reason allowed to make copies of review material or test material. All material is copyrighted and reprinting any portion of this material is illegal and punishable by law.

The proctor is allowed to conduct review sessions to prepare applicants for the certification examination. If the proctor is to do this on their own time and charge a fee, this must first be approved by the **NAHP** by submitting a full disclosure of the circumstances and any and all fees being charged to the applicants.

The proctor alone is responsible for the security of the testing materials upon arrival, proper storage, and secure return of the material. It is the proctor's responsibility to secure all materials relating to the administration of the certification examinations while they are in his or her possession. If you do not have your testing materials at least 3 business days before the scheduled test date, contact the **NAHP** office.

The proctor is required to complete the proctor documents listed below as they pertain to the testing session.

1. Seating Chart-indicating the examinees presence and position within the testing room.
2. Proctor report- including any issues that may occur during the test.
3. Roster- indicating the presence or absence of applicants.
4. Proctor Agreement- this is the agreement signed by the proctor of the test.

The proctor agrees to handle all disturbances quickly and quietly and report any circumstances occurring during the session that might affect the outcome.

The proctor agrees to provide a safe and secure location for examinees to store personal items during the testing session.

The proctor is required to restrict all unauthorized entry by individuals into the testing area.

The proctor is required to remain in the room at all times during the administration of the examination.

The proctor is required to treat all information pertaining to testing material and examinee information as confidential.

The proctor is required to read the examination script in its entirety as it pertains to the administration of the examination.

The proctor is required to monitor time allotments accurately.

The proctor must prevent any and all collaboration or cheating during the examination session. If any such activity is suspected, the proctor must make the proper documentation in the proctor report.

The proctor should under no circumstances discriminate as to age, sex, race, religion, creed, national origin, or handicap.

The proctor understands that an audit can be conducted at any time during a testing session by **NAHP** representatives.



NAHP Proctor Confidentiality, Conflict of Interest, and Unauthorized Representation Agreement

As a proctor of the NAHP certification exam, you may be subjected to situations that are of particular concern and which are addressed in this document. These situations include, but are not limited to: (1) coming in contact with information regarding individual exam performance, personal circumstances, or other information about individuals that must be kept confidential; (2) occasions in which personal interest, or the interest of other organizations/institutions with which you are involved may appear to be in conflict with the best interests of the NAHP; or (3) acting outside your authority. The purpose of this statement is to clarify and establish an agreement regarding your responsibility in these matters and to avoid any assumption or appearance of conflict of interest, unauthorized representation, or breach of confidentiality.

As a condition of being selected to serve as a NAHP proctor, you agree to the following:

Confidentiality

Confidentiality refers to the responsibility not to divulge information given in the belief that it will not be disclosed. Information must be kept confidential and not disclosed at any time and under any circumstances, other than as directed by the NAHP Certification Director.

You will not disclose or cause to be disclosed to anyone any confidential information related to any certification applicant, unless otherwise directed by the NAHP Certification Director.

Information related to certification (test items, scores, reports, etc.) or recertification will not be discussed or disclosed with anyone that has not signed an agreement with NAHP.

Documents obtained as part of the certification application process will be stored in a secure location while in your possession.

Conflict of Interest

A conflict of interest refers to an incompatibility between one's obligation to the good of the NAHP and one's self-interest.

Proctors of the NAHP Certification exams will not engage in actions that may constitute an actual, apparent, or potential conflict of interest with the mission and activities of the NAHP.

Duality of interest or possible conflict of interest on the part of any proctor shall be fully disclosed to the CEO and NAHP Certification Director, respectively, prior to engaging in any discussion, taking part in any decision making, or entering into any formal relationship that involved a potential or actual conflict.

No proctor will take part in any decision or action of the NAHP in which they may have a financial interest except when authorized by the NAHP Certification Director after full disclosure of the facts.

All rights, title and interest in any information or material developed, conceived, or created relating to any component of the NAHP will be assigned to the NAHP, including any and all copyrighted information, unless a specific written agreement exists prior to its development.

Unauthorized Representation

Unauthorized representation refers to presenting oneself, or allowing another to present you, as having authority to represent the NAHP in a manner that exceeds that set forth in the proctor description by the NAHP.

No individual may act, or speak on behalf of the NAHP except as specifically authorized or approved by the CEO or NAHP Certification Director, respectively. Public/media communication regarding the NAHP is the exclusive prerogative of the CEO and NAHP Certification Director.

Proctors will not reference their participation with respect to the NAHP in a false, misleading, or deceptive manner.

No individual may use the NAHP logo, or terminology to imply sponsorship, endorsement, or approval of the NAHP without prior approval of the NAHP Certification Council or NAHP Certification Director.

Your signature on this document confirms understanding and acceptance of the proctor contract and confidentiality agreement conditions. I have read, understand, and agree to comply with the above conditions.

Print Name: _____

Signature: _____ Date: _____

Return forms and resume to NAHP via fax 913-856-6125 or email to monica@nahpusa.com