## **AMERICAN CERTIFICATION AGENCY GUIDELINES FOR ADMINISTERING AN ELECTROCARDIOGRAM CERTIFICATION EXAMINATION ON SITE**

## Qualifications for a Proctor:

The certification exam must be proctored by a manager, supervisor, instructor or certified ECG technician. Knowledgeable of current electrocardiography practices not required because the exam is totally online.

## Site Requirements:

- A quiet, comfortable room that can be used for at least 21/2 hours with no interruptions and access to the 1. internet. A testing center may also be used. Internet access is needed.
- The proctor must stay in the room the entire time the applicant is taking the examination. 2.

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## Please PRINT information requested.

| PROCTOR NAME:                 |                              | TITLE:                        |                       |  |
|-------------------------------|------------------------------|-------------------------------|-----------------------|--|
|                               |                              | EMAIL:                        |                       |  |
|                               |                              | CERTIFICATIO                  |                       |  |
| EXAM FACILITY:                |                              | PROCTOR TELE #:               |                       |  |
| EXAM ADDRESS:                 |                              | EXAM DATE:                    |                       |  |
|                               |                              |                               | EXAM TIME:            |  |
|                               |                              | PROCTOR FAX                   | <#                    |  |
| CONTACT PERSON SPERV          | ISOR, MGR, DTR):             | TITLE:                        | TITLE:                |  |
| CONTACT PERSON TELEPHONE #    |                              | EMAIL                         |                       |  |
| The information provided n    | nust be verified by the proc | tor's director, supervisor or | <sup>r</sup> manager. |  |
| Director, Supervisor or Manag | ger:                         |                               |                       |  |
| ,                             | Signature                    | Print Name                    |                       |  |
| DATE INFORMATION SUBM         | IITTED:                      | <del>-</del>                  |                       |  |
| MAIL OR FAX TO: Americ        | can Certification Agency     | P.O. Box 58, Osceola IN 4     | 6561                  |  |

P.O. Box 58, Osceola IN 46561

Phone: 574-254-1307 Fax: 574-254-1307