



Bureau of Radiological Health

Test Proctor Guide

- Podiatry
- Bone Densitometry

A proctor is someone who verifies that your test is administered under the proper conditions. A list of approved proctors may include professional testing centers, college testing centers, professors at colleges or universities, public school teachers, guidance counselors, school principals, school superintendents or librarians. **Proctors must not be related to the applicant, must not be a co-worker, supervisor, and/or work in the same company or facility and must not be someone who has taken the test previously or who intends to take the test.**

- Please have your test proctor complete the bottom portion of the form after you complete the top portion. Upon completion, please return the form to HHS.
- After a Test Proctor has been approved by the HHS, the Test Proctor will be contacted and date for the exam scheduled.
- The password for the online exam will then be sent to the Proctor for administering to the student.
- Results will be sent to the student within 2 – 3 weeks.
- ***Three failed attempts on the examination will require the individual to repeat the formal education or complete a department-approved review program.***
- If a student is unable to make the scheduled test date, it is their responsibility to contact the Test Proctor to cancel the appointment of the testing and the Test Proctor will contact the HHS to set up possible make-up date(s).
- The HHS will contact to student to reschedule the exam date and will contact the Test Proctor with the new date.
- All questions concerning the Testing Process should be directed to:

Matthew Millard, Program Planner 3 Bureau of
Radiological Health
(515) 371-9398
matthew.millard@hhs.iowa.gov

**Iowa Department of Health and Human Services
Bureau of Radiological Health
Health Testing Proctor Form**

TO BE COMPLETED BY THE APPLICANT:

Applicant's Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Test Title _____

Permit # if applicable _____

TO BE COMPLETED BY THE PROPOSED TEST PROCTOR:

I hereby agree to serve as a test proctor for the above applicant. I will provide a quiet atmosphere for them to take the exam, and will monitor them during the assessment period.

Proctor's Name: _____

Proctor's Title: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Testing Site: _____

When are you available for the student to take the test? _____

Proctor's Signature Date:

Please return this form by email, fax or mail to:

Bureau of Radiological Health
Lucas State Office Building
321 E. 12th Street Des Moines, IA, 50319
Fax: 515-281-4529
matthew.millard@HHS.iowa.gov

Any questions please contact Matthew Millard at
(515) 371-9398

