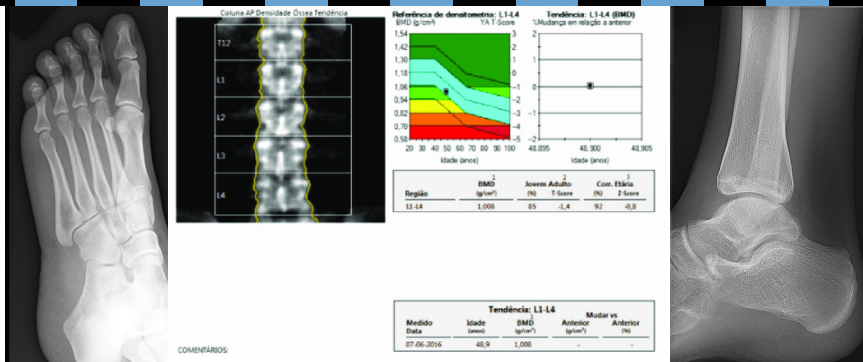


Bureau of Radiological Health

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 or supervisor, 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 IDPH.
- After a Test Proctor has been approved by the IDPH, the Test Proctor will be contacted and date for the exam scheduled.
- The exam will then be sent to the Proctor for administering to the student.
- After exam is completed the Test Proctor will return it to the IDPH for grading.
- 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 IDPH to set up possible make-up date(s).
- The IDPH will contact to student to rescheduled 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
Phone (515) 725-1077
Fax (515) 281-4529
matthew.millard@idph.iowa.gov

Iowa Department of Public Health Bureau of Radiological Health Testing Proctor Form

TO BE COMPLETED BY THE APPLICANT:

Applicant's Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
Social Security # _____
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, will monitor them during the assessment period, and will mail, fax or email the completed test to IDPH directly. **Students are not to use any form of notes or books while taking the exam. They may use a simple calculator but not their phone calculator.**

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

Any questions please contact Matthew Millard at (515) 725-1077

