

# **FNGLA Certified Horticulture Professional (FCHP)**

## ***Online Exam Proctor Agreement***

The undersigned exam proctor of the Florida Nursery, Growers and Landscape Association's (FNGLA's) FCHP online exam understands and agrees to the following statements:

1. FNGLA has determined that there is a continuing and critical need to control, limit, and protect its online certification exams from unauthorized or improper disclosure. Accordingly, FNGLA has developed and implemented an FCHP Online Exam Proctor Agreement to effectively and fairly address these important interests.
2. All FNGLA Online Exam Proctors accept the responsibility for maintaining strict test security, and for keeping confidential and secure all certification test information.

Therefore, I agree to the following terms and conditions related to my FNGLA Online Exam Proctor service. In consideration of FNGLA's decision to recognize me as an FNGLA Online Exam Proctor, I agree to abide by all terms set forth in this Agreement.

1. I agree that under no circumstances will I release, or cause to be released, FNGLA certification test information.
2. I will not copy, download, print or otherwise use test items or allow it to be done by others.
3. I agree that I will be present during the entire exam and monitor all testing activities.
4. I will verify the identity of the test applicant before they log onto the exam.
5. I will ascertain that the test applicant does not use any electronic devices, notes, manuals or other items during the exam, except during the Open Book portion, when the FCHP manual is allowed, and can be tabbed and notated previously.
6. I accept and enter into this Agreement voluntarily and understand that my failure to comply may result in discipline by FNGLA. This could include loss of testing authority for the school district, organization or company.

*By signing below, the parties represent that they are authorized to enter into this Agreement by, and on behalf of, themselves and, if appropriate, their respective organization or company.*

*The proctor agrees to administer the FCHP exam according to these procedures. Further, the proctor will not reveal or disclose any information about test items or engage in any acts that would violate the security of the FCHP exam and cause achievement to be inaccurately measured now or in the future.*

Proctor Name \_\_\_\_\_ Date \_\_\_\_\_

Proctor E-mail address \_\_\_\_\_

School, Organization or Company \_\_\_\_\_

Proctor Signature \_\_\_\_\_