I, ______________________ agree to administer the ACCUPLACER tests
(Name of proctor)
in a secure, proctored environment and to be present throughout the testing session.

I agree to verify the identification of the student named above by the use of a picture ID
issued by a state or federal agency. Acceptable forms of identification include:

- A non-expired driver’s license
- A state approved photo ID
- A current college or high school ID
- A current state or federal ID card
- A non-expired passport
- A tribal ID card
- A naturalization card or certificate of citizenship

If candidate does not have an acceptable form of ID listed above they must be dismissed,
and a denied testing report must be completed.

I agree to take all necessary precautions and actions to ensure the security and
confidentiality of the ACCUPLACER tests and the student’s testing information.

I understand the proctoring duties include but are not limited to the following, and if
these are not followed to the fullest; the ACCUPLACER will not be valid!

- Test Administrator may not test his/her own students.
- Full awareness at all times of the testing area and computer. Make sure examinee
does not access any other website, program, or person during the testing session.
  They may not minimize the computer screen at any time.
- Bathroom breaks are to be supervised by the proctor. The examinee may not
  leave the test administration without permission from the proctor.
- Cell phones, IPods, cameras, dictionaries, calculators, or ANY other electronic
device is not allowed during the examination. If these items are discovered in any
  way, the proctor must discontinue testing and the test will not be valid. UVU
  Testing Services must be contacted immediately (801-863-6421), and an incident
  report must be completed.
- Each portion of the Accuplacer exam MUST be taken in full in one sitting! The
  “save and finish later” button is not allowed or authorized to be used. Please
  understand that the test will be voided and invalid if the examinee leaves for
  longer than a bathroom break.
• Clients are permitted to three retakes in a six week period, with those retakes being at least one day apart.

• The proctor must not be affiliated with the testing client through direct relation or kin. If this policy is disregarded, the test will be invalid and voided.

I agree NOT to reproduce or copy, in any fashion, or whole part, any of the materials of the ACCUPLACER system. I acknowledge that all said materials are copyrighted, and I agree NOT to share, in any way such materials with any unauthorized persons.

• I understand that by signing this agreement that my high school and all who administer the ACCUPLACER exam are held responsible to the guidelines of this agreement.
• Any violation of this agreement will result in either probation or termination of score acceptance to UVU.
• Any change in this proctoring policy must be approved through Utah Valley University Testing Services Department 801-863-7272.
• This agreement will expire two years from the date of signature listed below.

If any terms of this agreement are disregarded, UVU reserves the right to deny a school’s request to accept their scores.

Once received, scores will be entered into the UVU system within 3 business days.

**Only official Accuplacer Individual Score Reports that include a UVU ID number referenced on the score report will be accepted.**

**AGREED TO AND ACCEPTED BY:**

Test Proctor Name: _________________________________________

Proctor Signature: _________________________________________

Date: _________________________________________

Telephone: (_____)___________________________________

Email Address: _________________________________________

Testing site’s web address: _________________________________________

High School’s Name: _________________________________________

Please fax back to (801) 863-7076 when form is completed.
Accuplacer Incident Report

Name of Tester: _________________________  UV ID# _______________________
Email address: _________________________  Phone Number: ________________
Date of Test: __________________________  Time: ________________________
Proctor’s Name: _______________________  Phone Number: _____________________
Testing Location: ______________________  Email Address: ______________________

Incident:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Once this form is completed please fax back to (801) 863-7076