



# BC Insurance Exam Proctor Application Form

**Please read the Proctor Guidelines before filling out this application.**

## Proctor Info

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Please note that some email services may send emails from ACTA into your junk/spam folder. Please monitor this folder or add the email address listed on the last page of this form to your safe list.

## Individual Exams (if you are proctoring for 1 to 4 individuals, please complete this section)

Name of candidate(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Time: \_\_\_\_\_

Exam Location (including address): \_\_\_\_\_  
\_\_\_\_\_

Are you related to any of the candidates writing the exam? If yes and if you're proctoring for more than one candidate, please name the candidate(s) to whom you are related.

Yes  No \_\_\_\_\_

Would you consider any of the candidates as a friend? If yes and if you're proctoring for more than one candidate, please name the candidate(s) with whom you are friends.

Yes  No \_\_\_\_\_

Is the above named person a friend or acquaintance? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked with any of the candidates before? If yes, please name the candidate(s) and indicate how long ago in years.

Yes  No \_\_\_\_\_

Do you intend to work with any of the candidates in the future? If yes and if you're proctoring for more than one candidate, please name the candidate(s).

Yes  No \_\_\_\_\_

Is your agency/workplace in any way affiliated with the candidate's agency? If yes, please explain in what way your business is linked to the candidate's agency.

Yes  No \_\_\_\_\_

### Group Exams (if you are proctoring for 5 or more individuals, please complete this section)

Name of group/agency for whom you are proctoring (if applicable):

\_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Time: \_\_\_\_\_

Exam Location: \_\_\_\_\_

Are you related to any of the candidates writing the exam? If yes, please name the candidate(s) to whom you are related.

Yes  No \_\_\_\_\_

Would you consider any of the candidates as friends? If yes, please name the candidate(s) with whom you are friends.

Yes  No \_\_\_\_\_

Is the above named person a friend or acquaintance? Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked with any of the candidates before? If yes, please name the candidate(s) and indicate how long ago in years.

Yes  No \_\_\_\_\_

Do you intend to work with any of the candidates in the future? If yes, please name the candidate(s).

Yes  No \_\_\_\_\_

Is your agency/workplace in any way affiliated with the candidate's agency? If yes, please explain in what way your business is linked to the candidate's agency.

Yes  No \_\_\_\_\_

## Experience with the Travel Industry (Please complete all fields)

Have you already written the exam? If yes, please enter your result (pass/fail) and your exam date.

Yes  No \_\_\_\_\_

Is it your intention to write the BC Travel Insurance Exam at some point?  Yes  No

## Understanding of the Proctor Guidelines (Please complete all fields)

Have you read the entire Proctor Guidelines?  Yes  No

Do you have any questions about your responsibilities? If yes, ACTA will contact you.  Yes  No

## Declaration

I \_\_\_\_\_ (name of Proctor) qualify to be a Proctor based on the criteria listed in the Proctor Guidelines. I declare that I have no conflict of interest with any of the candidates writing the exam and that I am not related to any of them. I affirm that I will not divulge any information on the exams or copy, reproduce or store in an electronic system or any other storage system, any of the information contained in, or information about, the exam. I further affirm that I have read and I understand my responsibilities, as described in the Proctor Guidelines.

I have read and completed the information on this form and attest to the truthfulness of all of my responses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you choose not to print and sign this form, your full name typed above will be considered a valid signature.*

Check here if you would like ACTA to suggest your name as a Proctor to other candidates.

Thank you for your application! Please email the completed form and a copy of your business card or government-issued ID to [certification@acta.ca](mailto:certification@acta.ca).