



SK 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 SK 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.