



## PAPER AND PENCIL EXAM ORDER FORM

This Exam Order Form **MUST be fully completed and executed by an authorized NFPT Proctor.** Note: Print clearly and legibly, any incomplete or illegible forms **will not be processed!**

PROCTOR'S GENERAL INFORMATION	
Name: _____	Proctor I.D. #: _____
Address: _____	
City: _____	State: _____
Postal Code: _____	Country: _____
Home Phone #: _____	Cell Phone #: _____
Business Phone: _____	Fax #: _____
E-Mail: _____	



SHIPPING INFORMATION	
Recipient Name: _____	
Address: _____	
City: _____	State: _____
Postal Code: _____	Country: _____
Home Phone #: _____	Cell Phone #: _____
Business Phone: _____	Fax #: _____
E-Mail: _____	
Location Type: (    ) Residence (    ) Business	

EXAM ADMINISTRATION DETAILS	
Exam Date(s): _____	
Required Delivery Date: _____	
Site/Location Name: _____	
Address: _____	
City: _____	State: _____
Postal Code: _____	Country: _____
Contact Person: _____	Site Phone #: _____
E-mail: _____	

EXAM MATERIALS ORDER/REQUEST	
Exam Title	Quantity
NFPT-CPT (English)	
<b>Total Exams Ordered</b>	

CANDIDATE NAME	CANDIDATE'S SCHEDULED FOR EXAM
Name (F,M,L): _____	Exam Date: _____
Name: (F,M,L) _____	Exam Date: _____
Name: (F,M,L) _____	Exam Date: _____
Name: (F,M,L) _____	Exam Date: _____
<p><b>Note:</b> If the scheduled exam administration consists of more than five (5) candidates, the additional candidates <b>MUST</b> be listed and identified using an NFPT Candidate List Supplemental Form and attached to this order form prior to it being submitted to NFPT. Use as many Candidate List Supplemental Forms as required!</p>	

PROCTOR AGREEMENT AND TERMS	
<p>By submitting this order and/or signing below, I hereby acknowledge, understand, affirm and agree to the following, without exception, understand that based on representations made, I am being afforded access to confidential, proprietary and Trade Secret Information and that I will not disclose or provide such information in whole or part to anyone directly or indirectly. Further, I understand that reproducing or copying, or attempting to reproduce or copy any examination (test) material by any means, in whole or in part, is a serious breach of examination security and will be thoroughly investigated by NFPT and reported to the proper certifying and law enforcement authorities.</p> <p>I also fully understand and agree that should I fail to adhere to established NFPT policies and procedures, security protocols, etc.; I am and agree to be individually and personally financially responsible for any examination materials compromised, as well as any and all other costs associated with such security breach and/or examination content compromise to include, but not limited to, investigation costs, attorney fees, court costs, etc.</p>	
Proctor Signature: _____	Date: _____

 <b>RESERVED FOR NFPT REVIEW AND APPROVAL</b> 	
Order Approved By: _____	Date: _____
Order Submitted to SMT By: _____	Date: _____



**PAPER AND PENCIL EXAM ORDER  
CANDIDATE LIST SUPPLEMENTAL FORM**

PROCTOR'S GENERAL INFORMATION	
Name: _____	Proctor I.D. #: _____
Exam Site/Location Name: _____	Exam Date: _____

CANDIDATE NAME	
Name (F,M,L): _____	Name (F,M,L): _____
Name: (F,M,L) _____	Name (F,M,L): _____
Name: (F,M,L) _____	Name (F,M,L): _____
Name: (F,M,L) _____	Name (F,M,L): _____
Name: (F,M,L) _____	Name (F,M,L): _____
Name: (F,M,L) _____	Name (F,M,L): _____
Name: (F,M,L) _____	Name (F,M,L): _____
Name: (F,M,L) _____	Name (F,M,L): _____
Name: (F,M,L) _____	Name (F,M,L): _____