Regional SkillsUSA Virtual Competition
Proctor Acknowledgement

Contestant Number: ________________  Competition Name:______________________________

Date of test: ______________________  Start Time:_______ End Time:_______

Proctor Name: _______________________________________________________________

Proctor Email: _________________________  Proctor Phone: _________________________

- A proctor may NOT be a family member, friend or peer. A SkillsUSA Advisor,
  librarian, certified teacher, school counselor or school administrator is qualified to
  proctor the exam.

- The time the exam is started and completed will be recorded on the proctor form
  regardless of whether or not the test is time limited.

- Electronic devices, such as cell phones, ipod, ipad, headphones, mp3 players,
  etc. are NOT permitted.

Your signature indicates that you have agreed to proctoring the exam for the
above contestant and SkillsUSA competition.

Proctor Signature: ________________________________ Date:________________