

Exam Coordinator



Phone 800.875.4404

Fax 913.498.1243

www.ncctinc.com

1 EXAM COORDINATOR INFORMATION. (Please print in ink)

Last Name _____ First Name _____ MI _____

Date of Birth (mo/day/yr) _____ Preferred Method of Contact Phone Email

Address _____ Apt # _____ City _____ State _____ Zip _____

Email _____

Work Phone _____ - _____ - _____ ext. _____ Mobile Phone _____ - _____ - _____

Test Site _____ City _____

2 CONFIDENTIALITY AGREEMENT

By signing this application, I agree to keep all NCCT information confidential. I will not disclose an examinee's personal information, *NCCT proprietary exam information, or exam content information under any circumstances unless required by law.*

3 EXAM COORDINATOR AFFIDAVIT

Your signature verifies, under penalty of perjury, the information you have provided is true. If any information is found to be untrue, your position will be terminated immediately.

I have personally completed this application. I have read and understand the role and responsibilities as identified in the Exam Coordinator Handbook and all of my questions have been thoroughly answered.

Exam Coordinator Candidate Printed Name and Credentials _____

Date _____

Signature of Exam Coordinator Candidate _____

Date _____

Return this completed and signed application to the NCCT School Services Department by fax or email.

Note that **ALL INFORMATION MUST BE COMPLETED IN FULL** to be considered for this position.

Email to: program.eligibility@ncctinc.com

Fax to: 913-498-1243

When approved, you will be notified by email.

Questions? Please contact your regional representative or Customer Service at 800.875.4404.

APPLICANT FORM

Date Application Received _____

Date EC Training _____

Date Approved _____