

THE AMERICAN ACADEMY OF CASE MANAGEMENT

APPLICATION FOR PROCTOR APPROVAL

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Candidates applying for authorization to take the Fellowship Credentialing Examination in Case Management must complete this application for proctor approval and submit it with the application. A proctor is a designated individual who is selected by the candidate and approved by the AACM to serve as a proctor for administering and monitoring the examination. All applications for proctors must be approved by the AACM.

Those who may serve as a proctor include: a college or university instructor, a librarian employed in a public library or employed by an organization, a minister or other clergy, a high school principal or guidance counselor, a supervisor, director or executive employed by the candidates employer, an attorney, a notary, an instructor in a vocational school, a police officer, an elected public official.

The following are NOT permitted to be proctors for the examination: spouses, any relative by blood or adoption, children, siblings, co-workers (unless they meet one of the above for those who may serve as a proctor), friends.

Once approved, Proctors will receive complete instructions for taking on the role of exam proctor, including administering the examination, and monitoring the examination while the candidate is taking the examination. Proctors will also receive instructions for signing the proctor verification form and returning the completed examination to the AACM office. Only the approved proctor may return the completed examination to the AACM office.

I select as my Proctor:

Name: _____

Credentials: _____

Position: _____

Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

**** Note: mailing address of the proctor must be the address that the proctor wishes to have the examination materials mailed to.**

I the undersigned verify that the information provided is accurate and true. I acknowledge that the proctor I have selected has agreed to be the proctor for my examination and has given me permission to list them, along with their address, etc on this application form. I acknowledge that at any time if it is found that I have provided false, inaccurate, or intentionally misleading information on this application, that the AACM may disallow my selection for proctor, or rescind any attained fellowship status.

Agreed:

Date: _____