



### HOST ORGANIZATION EXAM DATE REQUEST FORM

Please indicate which of the following exams you wish to host (check all that apply):

- Comprehensive/Recognized Graduate (2 ¾ hours)
- Written Specialty (1 ½ hours)
- Practical

First Choice: Requested date of exam(s): \_\_\_\_\_

Second Choice: Requested date of exam(s): \_\_\_\_\_

**\*\*Exam Date Request Form should be submitted 6-8 weeks prior to the requested date\*\***

Comprehensive/RG Exam Start Time: \_\_\_\_\_ Written Specialty Exam Start Time: \_\_\_\_\_

All Written Exams use the same instructions and proctor. An hour lunch break between written exams should be factored into scheduling. The Practical Exam is always from 7:00am - 1:30pm. Practical Exam host facilities must be available from 6:30am - 7:00pm to allow Examiners to set up before candidates arrive and to complete grading.

Maximum number of candidates the room(s) can accommodate: Written: \_\_\_\_\_ Practical: \_\_\_\_\_

**Note:** 3' of space is required between written exam candidates. At least one bench is required per practical exam candidate.

#### **Contact Information:**

Host (College/Lab/Conference): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **After Hours Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Location of testing site:** (If different than above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Room Number/Name: (if any) \_\_\_\_\_

#### **Suggested Exam Proctor for Written Exams:**

The Exam Proctor is the person designated to ensure the security and confidentiality of the NBC's written exams. Exam materials will be sent to this person, who will be responsible for administering the exams and returning all materials. The proctor is required to sign the NBC Proctor Agreement prior to the exam materials shipment. Proctors may not be candidate employers, dental technology department professors or employees. Hosts are asked to recommend Proctors, who are subject to NBC's approval.

Proctor Name: \_\_\_\_\_

Proctor credentials: CDT # \_\_\_\_\_ DMD/DDS \_\_\_\_\_ Education Professional \_\_\_\_\_ Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Mailing Address: (where someone over the age of 21 will be available to sign for materials)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is Proctor affiliated with the host facility in any way?  No  Yes (Please describe): \_\_\_\_\_

Please check this box if the exam proctor is an RG or CDT that would like to receive two Professional Development CE hours toward their annual renewal for proctoring the written RG/CDT examinations.

**Please return completed request form and signed affidavit with map and directions to:**

**Deborah Caldwell, NBC Program Manager**

[certification@nbccert.org](mailto:certification@nbccert.org)

**HOST ORGANIZATION AFFIDAVIT**

These examinations are protected under U.S. copyright law. The unlawful reproduction or involvement in assisting another by any means to reproduce or attempt to reproduce any portion of the examinations is strictly prohibited and will be prosecuted to the full extent permitted by law. Willful infringement of a copyright for commercial advantage or private financial gain is a federal crime.

Any compromise or attempt to compromise these examinations may invalidate the test results of all participants at any exam in which you participated as a host and may result in denial of any future participation in the National Board for Certification in Dental Laboratory Technology programs as an examination proctor and/or as an examination host site.

Prohibited activities which might compromise the integrity of these examinations include, but are not limited to: removing any portion of the examination from the testing location without authorization from the NBC or Professional Testing, removing the staples on the test booklet, reproduction or allowing another by any means to reproduce or attempt to reproduce any portion of the examinations, having any person (whether paid or unpaid) take the examinations on behalf of a candidate other than himself/herself, selling, distributing, buying, receiving or having unauthorized possession of any portion of the examination, collaboration with others on exam questions, and use of any outside materials (including translation dictionaries) during the examination.

By completing and signing this agreement, I acknowledge that I understand my responsibilities as an Examination Host and that I understand that I am playing a critical role in the success of the National Board for Certification in Dental Laboratory Technology and their programs.

**By signing and submitting this application, I affirm the following:**

- I am being afforded access to proprietary information, confidential documents, and examination materials. I agree to hold safe and not disclose or reveal, intentionally or unintentionally, to any person, individual or entity, any secure information.
- I will not examine any test materials, unseal any sealed test booklets, or discuss any test content with any candidates.
- A host representative will be available during the examination administration without offering coaching or other assistance and will not provide word definitions or technical advice. I acknowledge that I must do everything in my power to ensure that the exam responses and casework are entirely those of the candidates.
- I agree to comply with NBC policies and procedures for handling examination set up, exam procedures and any breach of security and will report any observed or suspected breach to the NBC immediately.
- I understand that the proctor listed on the front page of this application is a suggested proctor and the NBC reserves the right to select a different proctor, with or without reason.
- I have thoroughly read, understand & agree to adhere to the RG/CDT examination host requirements as presented on the NBC's website and in the NBC's Exam Host Information Brochure located online at <https://nbccert.org/education/host-exam.cfm>.
- I agree to indemnify and hold harmless the NBC, its Trustees, officers, employees and agents, and the institution where the CDT examination is administered from any and all liability for injury or damages suffered by me, or which I might cause to others, during the course of the examinations.

Furthermore, I understand that if I fail to follow the NBC policies and procedures for upholding the integrity of the examinations that our facility may no longer be able to host the examinations, all candidates' examination results may be invalidated and I may be held fully liable for any damages.

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 Host Representative (Printed)

Host Representative (Signed)

Date