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
325 John Knox Rd., Ste# L-103 • Tallahassee, FL 32303 • phone: 800.684.5310 • fax: 850.222.0053 • www.nbccert.org

NBC-T1003 (082813)
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.