International Board of Blood Management
Proctor Application Form

The completed form must be faxed to 312-673-6656 or emailed to ibbm@amsect.org no later than 45 days before the open of the exam. Retain a copy of the completed form for your records.

PROCTOR CRITERIA

Acceptable proctors:
• Human Resource Manager at Hospital/Clinic Facility (if you are not an employee of the hospital).
• Professional staff or instructors from local community college.
• Professional staff or librarians at local public library.
• Professional staff or librarians at medical library.

NOT Acceptable under any circumstances:
• Relatives of the examinee
• Coworkers/peers
• Supervisor
• An individual whom the examinee supervises

*PLEASE NOTE: Any fees charged by the proctor will be the responsibility of the examinee.

EXAMINEE INFORMATION

Name:________________________________________________________________________________
E-mail Address:_________________________________________________________________________
Test date:______________________________________________________________________________

PROCTOR INFORMATION

Name:________________________________________________________________________________
Job Title/Position:_______________________________________________________________________
Institution where Title/Position is held:_______________________________________________________
Business Address: ________________________________________________________________________
Apt/Room #:___________________________________________________________________________
City:_______________________     State: _______________________      Zip: _______________________
Business Phone Number:_________________________________________________________________
Business Fax Number:_____________________________________________________________________
E-mail Address (required):________________________________________________________________
Alternate E-mail address (if one exists):________________________________________________________
Relationship to Examinee:_________________________________________________________________
A person willing to accept the position of proctor must be a trusted individual who can take on a supervisory role in the administration of this exam. The responsibilities of a proctor are outlined below. We ask that all proctors adhere to these guidelines when administering the exam.

1. The examinee is responsible for making initial contact with the proctor to make the necessary arrangements for setting up their Proctor and taking the examination.
2. The proctor is required to have e-mail and Internet access. Important messages and/or files will be sent via email as well as accessed directly online via the IBBM website.
3. Please verify the identity of the examinee by requesting an acceptable form of photo I.D., such as a valid driver's license.
4. The examinee may not view the examination prior to the date/time arranged for taking the examination. The exam must be taken in one sitting.
5. Please provide an appropriate location for taking the examination, free of distractions and comfortable for test taking.
6. The examinee is responsible for bringing any supplies, such as pens, pencils, blank paper and a non-programmable calculator, if needed. Additional resources are prohibited. The Proctor must shred any scratch paper upon completion of exam.
7. To access the proctored exam, the proctor should enter the password indicated in the e-mail from the IBBM office.
8. The examinee should be frequently monitored during the course of the examination to ensure he/she is completing the exam following all guidelines.
9. The examinee must adhere to the time limit restrictions on the examination. The exam period is 3 hours.
10. Examinations must be accessed/completed by the indicated due date.
11. The proctor is responsible for recording the time the examination was started and the time the examination was completed on the Test Verification Form. Upon completion of the examination the proctor is required to completely fill out the Test Verification Form and fax to IBBM.

I, the above named proctor, hereby verify that all information on this application is true to my knowledge. I will assume my role as proctor in a professional manner and adhere to all Proctor Guidelines when administering an examination.

Proctor Signature: ________________________ Date: ________________________