

# EXAM PROCTOR APPLICATION



1. All individuals who wish to administer Certification Examinations on behalf of TRAINCAN, Inc. must complete this form.
2. Individuals who are not eligible for this distinction include, but are not limited to: those under 19 years of age, family members or relations of examinees; individuals who will challenge a TRAINCAN, Inc. certification within the next 6 months.

This completed form must be returned with all of the following information in order to be considered.

- Documentation supporting your eligibility (ie. verification of employment on company letterhead, business card, resume, or job description)
- Mutual Non-Disclosure & Confidentiality Examination Protocol (signed & dated)
- Examination Protocol (signed & dated, with each page initialed in bottom right corner)

You may scan and send your completed forms and supporting documentation to [shipping@traincan.com](mailto:shipping@traincan.com) or fax it to (416) 646-0877. Once your application has been reviewed you will be contacted for further information and/or notification of the results of this application.

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NAME TITLE

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MAILING ADDRESS

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CITY, PROVINCE POSTAL CODE

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TELEPHONE NUMBER FAX NUMBER

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EMAIL ADDRESS

PLEASE PROVIDE A SHORT EXPLANATION AS TO WHY YOU ARE SEEKING PROCTOR STATUS:

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By completing and signing this application to Proctor, I acknowledge that I meet the requirements and have read and understood TRAINCAN Inc.'s Joint Examination Protocol. I agree to abide by the rules and procedures outlined in the Protocol at all times. I understand that TRAINCAN Inc. reserves the right not to approve this application or revoke to my proctor privileges at any time should this application be accepted.

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SIGNATURE DATE

TRAINCAN, Inc.  
101-85 Scarsdale Road  
Toronto, ON  
M3B 2R2

Ph: 416-447-9588  
Toll Free: 888-687-  
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