

Application to be a Proctor (to be completed by proctor applicant)

By signed completed submission of this form, I agree to follow the Proctor Guidelines which include: Supplying or approving the testing environment, verifying the identity of the student and keeping my access code for personal use only. I understand that my interaction with the student includes answering questions on test taking procedures, but not questions/answers on test content. I also declare I have no personal relationship with the student requiring proctoring.

Please note that no specific company proctors applications will be processed until the owning company has been activated on the ACSA LMS. Failure to enter any information will result in the application being rejected and the individual must then reapply.

Please complete all information and fax or e-mail to the Alberta Construction Safety Association.
E-mail: cstsconvert@acsa-safety.org Fax: (780) 455-1120

Name: _____

Job Title: _____

Company: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Office Number: (____) _____ Home Number: (____) _____

Personal Company Email: _____

Personal Non-Company Email: _____

Birthday: Month (____) Day (____) Full Year (____)

I am: (check all boxes below that qualify, minimum 1)

- | | |
|--|--|
| <input type="checkbox"/> An employee of an Association or Union training centre | <input type="checkbox"/> An ACSA recognized National Construction Safety Officer (NCSO) or Health & Safety Administrator (HSA)
Certificate Number # _____ |
| <input type="checkbox"/> An Employee of a registered CSTS-09 Company (requires co-signature by an ACSA recognized NCSO or HSA) | <input type="checkbox"/> A Principal Owner of the company (minimum 5 seat license purchase required) |
| <input type="checkbox"/> Registered clergy (those registered in their province to perform weddings) | <input type="checkbox"/> Public Library Employee |
| <input type="checkbox"/> A public official of the province, county, or local government | <input type="checkbox"/> A Faculty member at any public education facility |

Proctor Signature: _____ **Date signed:** _____

Co-signature (if Required)

NCSO HSA Principle/Owner

Name: _____

CSO Certificate Number _____

Signature: _____ Date: _____