



**Board of Nephrology Examiners
Nursing & Technology**
100 S. Washington Street, Rockville, MD 20850
(202) 462-1252
Fax: (202) 463-1257

PROCTOR & ASSISTANT PROCTOR RESPONSIBILITY FORM

An individual requesting to serve as a supervising proctor or assistant proctor for a BONENT examination must be a BONENT certified nurse or practitioner, a physician, dietician or renal social worker. No exceptions will be made.

All host forms must be:

- 1. Complete when submitted and accompanied by all supporting documents as requested.**
- 2. Typed or legibly handwritten.**
- 3. Received at least 90 days (International exams 120 days) prior to the proposed examination date.**
- 4. Accompanied by the \$210 fee, if applicable.**
- 5. Approved by the Host Review Committee.**

Any incomplete forms or forms received less than 90 days (International exams 120 days) and/or not legible prior to the examination date **will be returned to the proctor**. The examination date may need to be adjusted to meet or exceed the 90 days (International exams 120 days) notice requirement that allows time for the BONENT Host Review Committee to review the application. Once approved, the examination date and location will be posted on the examination schedule and the confirmation letter to the proctor will be mailed. **No changes will be allowed after approval by the Host Review Committee and the examination date and location is posted on the official BONENT examination schedule.** If necessary, all changes will need to be submitted in writing for consideration by the Host Review Committee. For security purposes, no facilities owner or director can be a proctor for BONENT examinations.

BONENT Responsibilities

1. The Host Review Committee will notify proctors regarding approval of their request to host an exam within 10 working days of receipt.
2. Once approved, a confirmation letter will be sent to the proctor within 60 days of the examination date, listing the day, date, time, and location of the examination administration.
3. Once approved, post the examination day, time and location on the official BONENT examination schedule.
4. No examination date will be posted on the official BONENT examination schedule unless an approved host form has been received for the administration.
5. If the Host Review Committee denies the host application, BONENT will return the \$210 fee, if applicable.

Proctor Responsibilities

1. Read and sign the Proctor Responsibility Form and return it to the BONENT Executive Office along with the completed application 90 days (International exams 120 days) prior to the proposed examination date.
2. Assure that the examination room meets the requirements as explained under the Sponsor Responsibilities.
3. Safeguard the security of the examinations **AT ALL TIMES**.
4. Administer the appropriate examination to the candidates for certification.
5. Return the examinations as instructed to the testing agency for scoring.
6. All changes will need to be submitted in writing for consideration by the Host Review Committee.

The supervising proctor will receive the **Roster of Examinees** scheduled to appear for the examination on the scheduled examination date. Examinees will be identified by name and identification number along with other examination materials.

Each proctor will receive a detailed **Manual of Instructions** along with the examination materials. **Each proctor is responsible for ensuring the security of all examination materials from the time they are received until they are returned to the testing agency.** Examinations must be stored in a secure place; one to which no one other than the proctor has access to the examination materials. Should examination materials be lost or stolen, the BONENT Board reserves the right to prosecute and revoke the proctor's certification. The supervising proctor will collect admission acceptance letters from candidates appearing for the examination and verify each examinee's identity at the time of registration for the examination. The supervising proctor and assistant proctors will administer the examinations. The supervising proctor will return the examination materials by overnight mail, such as Federal Express, to the testing agency.



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PROCTOR RESPONSIBILITY AGREEMENT

I have read the enclosed materials and agree to abide by the *Proctor/Assistant Proctor Responsibilities* outlined therein. I accept these responsibilities for the administration of the BONENT examinations to be offered.

Exam Dates

Exam Location (Site)

Exam City/State

Signature of Proctor

Today's Date

Professional Category of Proctor

BONENT ID#, if applicable

BONENT Host Application Checklist

- Completed Host Form
- Copy of Proctor résumé or curriculum vitae
- Completed Proctor Agreement
- Copy of Assistant Proctor résumé or curriculum vitae
- Completed Assistant Proctor Agreement
- Enclosed \$200 Host Fee, if applicable

The Executive Office must receive the above information 90 days (International exams 120 days) prior to the examination date on the Host Form. If the host packet is received by the BONENT Executive Office without required documentation, the entire packet will be returned to the Proctor. The examination date may need to be adjusted to meet the 90 day (International exams 120 day) notice requirement.

Please note: Exams cannot be posted prior to approval by the Host Review Committee.



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ASSISTANT PROCTOR AGREEMENT

For security purposes, no facilities owner or director can be a proctor for BONENT examinations. This form is to be completed by those wishing to serve as an assistant to the supervising proctor for a BONENT certification examination site and is to be submitted along with the Proctor Responsibility Agreement and the Host Form.

EXAMINATION DATES _____

EXAMINATION SITE _____

NAME & TITLE _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER (WORK) _____

PHONE NUMBER (HOME) _____

E-MAIL ADDRESS _____

CREDENTIALS

Include your curriculum vitae or résumé with documentation of credentials when submitting this form. Please include your certification number below.

BONENT ID # _____

RENAL SOCIAL WORKER _____

DIETICIAN _____

PHYSICIAN _____

I have read the assistant proctor responsibility form and agree to abide by the *Proctor/ Assistant Proctor Responsibilities* outlined herein. I accept these responsibilities for the administration of the BONENT examinations to be offered.

(Date)

(Site)

(City/State)

(Signature of assistant proctor)

(Date)

(Professional category)

(BONENT ID#, if applicable)