

# American Board of Managed Care Nursing

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## Agreement to Proctor Certified Managed Care Nurse (CMCN) or Certified Managed Care Professional (CMCP) Examination

**THIS FORM MUST BE COMPLETED AND RETURNED TO ABMCN BY THE PROCTOR**

### Guidelines for Proctor:

- The candidate's exam date must be at least 7 business days after the date the proctor form is received by ABMCN. Paper examinations are sent by Federal Express to the proctor and are to arrive three business days prior to the exam date. Instructions for online examinations are sent via email to the proctor two business days prior to the exam date.
- Proctor may be the candidate's supervisor, a representative from human resources or education/training department, or a current CMCN/CMCP, a librarian at a public library, or a professor or exam center at a local college/university.
- Proctor must be ineligible to take the exam (cannot be in the process of studying/applying for the CMCN(P)Exam).
- Proctor must agree to keep all materials and knowledge gained during the process, completely and totally confidential.
- Proctor agrees to oversee the examination for a period of up to four hours and to assure that the candidate is in a secure environment (ie – away from papers relevant to managed care, telephones, pagers, people, and other possible distractions).
- Proctor agrees to not leave the candidate unsupervised during the examination.
- For remote proctoring, the proctor agrees to require an initial 360 degree view of the testing space via webcam and to monitor the candidate for the duration through the candidate's webcam AND screenshare

**Candidate Name(s):** \_\_\_\_\_

**Requested Examination Date (REQUIRED):** \_\_\_\_\_

### Proctor Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_ **Home** / OR / \_\_\_ **Business** (business addresses must be complete with Suite, Mail Code, Department, etc.)

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Proctor Signature: \_\_\_\_\_

Date Form Returned to ABMCN: \_\_\_\_\_

**\*The exam will be sent requiring an adult signature, unless home address has been clearly indicated.  
Please email this completed form to: Jackie Beilhart, [jbeilhart@abmcn.org](mailto:jbeilhart@abmcn.org)**