



PROCTORED EXAMINATION CERTIFICATION

I certify that _____
(Applicant name – please print)

has taken and submitted for grading online under my supervision, the final exam for

_____ on _____, _____
(Test taken) (Month) (Day) (Year)

Proctor name: _____

Company: _____

Proctor Address: _____

Proctor email: _____ Proctor phone#: _____

Proctor signature: _____

Please complete all information above and mail, fax or email this form to:

FAX NUMBER
281-893-5118

MAILING ADDRESS
ADCI
5206 FM 1960 West
Ste. 202
Houston, TX 77069

EMAIL
nancy@adc-int.org

This form should be submitted only when the applicant has completed all parts of the exam(s).