



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115
P: 605-362-2760 | sduap@state.sd.us

Proctor Agreement Form

Thank you for your commitment in requesting to serve as a proctor for a candidate seeking registration by the South Dakota Board of Nursing as a Medication Aide or Unlicensed Diabetes Aide. Please send this completed form via email (sduap@state.sd.us) or mail to the South Dakota Board of Nursing.

As an approved proctor, ***I agree to adhere to the following requirements and procedures when administering the online exams:***

1. I agree to safeguard the confidentiality of all information about the examination. This includes the materials, processes, procedures and content of the examinations. I will not disclose any portion of the examination materials and I will not disclose the processes or procedures necessary to administer or pass the examination.
2. I will report any known or suspected breach in security by contacting the Board of Nursing office as soon as possible.
3. I agree to accept the following proctor responsibilities, **I will:**
 - Ensure a secure testing environment.
 - Verify the identity of the candidate.
 - Allow candidates to access exam in my presence and will remain in the testing area until the exam is completed.
 - Ensure the candidate does not leave the room, except for emergency.
 - Ensure the candidate does not open any browsers or computer files during exam.
 - Ensure the online exam is not printed.
 - Ensure the candidate does not have books, notes, reference aides, or cell phone while taking the exam.
 - Ensure, to my best ability, that cheating does not occur. If the candidate is suspected of cheating, I will contact the BON as soon as possible.
 - Not allow any unauthorized person to hear, view, videotape, or otherwise gain any knowledge about the exam or the exam processes and procedures before, during, or after the administration of an exam.
 - Not administer the exam or proctor a candidate that is my friend, relative, or spouse.

Proctor Information	
Name:	
Title:	
Employer:	
Business Address:	
Phone:	Email:

I, the undersigned, attest that I will adhere to the proctor responsibilities and procedures identified in this document.

Applicant Signature

Date:

BON Approval: _____

Date Approved: _____

Please Note: Your Proctor Agreement Approval will not expire.