



Exam Proctoring Policy

Approved NCLS Board of Trustees May 1, 2014

Revised July 1, 2022

NCLS staff may proctor tests for secondary and post-secondary education students who are enrolled in distance learning programs or classes.

It is the responsibility of the student and the institution requesting the proctoring of a test to verify that the guidelines and conditions presented here are acceptable.

Guidelines/Conditions

- **NCLS charges \$25 per test for proctoring services. This fee is due before the exam is administered. Acceptable forms of payment include: cash, check, or credit card only.**
- A signed NCLS Exam Proctoring Request Form must be submitted for each exam that is proctored by NCLS staff.
- A valid License or ID must be submitted to staff for verification of identity on the day of the exam or the test cannot be proctored.
- Test takers can mail, scan/e-mail, or bring the Request Form to the Covington Branch or the Porter Memorial.
- **Exams must be scheduled with at least a one week's notice.**
- **NCLS cannot proctor any online exams that require modifications of public access computer settings.**
- The institutions requiring proctored tests are responsible for making sure that NCLS staff receives the examinations.
- NCLS Staff can only administer exams during regular Library hours.
- NCLS cannot guarantee a specific proctor.
- Limited staffing prevents NCLS from monitoring the student for the entire duration the exam.
- If an exam has been scheduled, but no staff is available to administer it, the appointment will be cancelled or re-scheduled.
- NCLS staff cannot interpret test instructions for the student nor assist in any technical manner with examinations.
- NCLS staff cannot scan exam materials and supporting documents, but these items may be faxed or mailed instead.
- NCLS is not responsible for completed examinations which are not received in a timely manner due to postal delays.
- NCLS will not keep copies of completed examinations.

- NCLS reserves the right to refuse to sign any statement required by the educational institution that is inconsistent with our policy.

Select (Circle) Your Testing Location:

Covington Branch or Porter Memorial

Requested Exam Date: _____

Institution (School): _____

Exam Title: _____

I have read and agree to the above guidelines and conditions

Test Taker's Name (Printed) _____

Test Taker's Signature _____

Today's Date _____

Staff approval _____

Date: _____