



**INTERNATIONAL
FOUNDATION FOR
PROTECTION OFFICERS
KNOWLEDGE TO PROTECT**

Examination Proctor Verification Report

To be completed by the Examination Proctor

Proctor's Name: _____
Position: _____
Organization: _____
Address: _____
City, State/Province: _____
Postal Code, Country: _____
Telephone: _____
Proctor Email: _____
Course Title: _____
Candidate Name: _____
Candidate Email: _____

If under 18, DOB (Month/Year only) _____

Examination Details – Time Limit Four (4) Hours

Proctor Reports are audited upon return. Examinations found to have exceeded the allowable time or having unauthorized examination attempts will be voided. Such candidates may request re-enrollment in their program subject to IFPO review.

Date/Time Exam Commenced: _____
Date/Time Exam Completed: _____

Certification by Examination Proctor

Proctor Certification:

I, _____ (Proctor),
hereby certify the named Candidate above has completed the Examination without referring to any
written material and did not receive any assistance in the completion of the examination.

Furthermore, I understand that by serving as a Proctor, I relinquish any future opportunity to
participate as a candidate in the program.

I attest to the fact that: I remained with the Candidate during the entire testing process; I did
not leave the premise at any time.

Proctor's Signature

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Your assistance is appreciated and will prove to be valuable in developing professionalism in the security industry. Thank you.*