



# INTERNATIONAL FOUNDATION FOR PROTECTION OFFICERS KNOWLEDGE TO PROTECT

## Proctor Application and Qualifications Form

Program candidates must identify and secure a qualified individual to serve as Proctor and oversee the examination process ensuring the highest level of integrity and honesty is maintained throughout this process.

Please complete the Proctor information below and mail or email to IFPO.

Proctor Name:

Position/Title:

Agency / Organization:

Business Address:

City/State/Province:

Postal Code/Country:

Business Phone:

Email:

Relationship to Candidate:

Candidate's Name:

*If under 18, Month/Year DOB:*

Candidate's Email:

Exam delivery method:  Electronic or  Paper/Pencil

To qualify as a proctor, the individual must meet one of the criteria listed below. Please select only one:

- |  |   |
|--|---|
| <input type="checkbox"/> Supervisor  | <input type="checkbox"/> Librarian  |
| <input type="checkbox"/> General Manager of an Organization or Company       | <input type="checkbox"/> Member of a recognized Policing Organization   |
| <input type="checkbox"/> President / Vice-president / Officer                | <input type="checkbox"/> Official Learning / Tutoring Center  |
| <input type="checkbox"/> Certified Security Trainer                          | <input type="checkbox"/> Service of an Accredited University or College   |
| <input type="checkbox"/> Military Testing Site                               | <input type="checkbox"/> Member of a Professional Security Association  |
| <input type="checkbox"/> Military Educational Office Law Enforcement Officer | <input type="checkbox"/> Loss Prevention Certified (LPC)  |
| <input type="checkbox"/> Certified Protection Professional                   | <input type="checkbox"/> University/College Faculty Member  |
| <input type="checkbox"/> Certified Protection Officer                        | <input type="checkbox"/> Dean, Academic Department Head, or Official Testing service of an Accredited University or College |
| <input type="checkbox"/> Certified Fraud Examiner                            | <input type="checkbox"/> Other (specify) _____  |
| <input type="checkbox"/> Human Resource Office                               | <i>(requires permission)</i>  |
| <input type="checkbox"/> Corporate Instructor                                |   |
| <input type="checkbox"/> Staff Development Officer                           |   |
| <input type="checkbox"/> Member of the Clergy                                |   |