

National Registry of Food Safety Professionals



AGREEMENT FORM

for Readers and Translator

Please read carefully before completing the requested information

1) I am at least 18 years of age.
2) I have read the reader, and/or translator requirements section of the Test Administrator/Proctor's Manual and meet the specified requirements for my role.
3) I understand my role as reader or translator.
4) I have been trained by Test Administrator/Proctor and will follow all standards and procedures for examination administration and confidentiality.
5) I agree to maintain the security of the examinations before, during, and after the examination administration.
6) I will assist to in filling out the address section on the front of the answer sheet.
7) I will not offer any hints, suggestions, definitions, or clues to the answer of an examination item.
8) If there are any uncertainty of an examination question, I will provide the examinee with an Examinee Comment Form.
9) I will ensure no talking or communication of any form between examinees occurs during the examination.
10) I will ensure all of the examinees books and class materials are stored at the front or back of the room.
11) I will ensure no examination materials have left the room with the examinee or have been photocopied.
12) Under no circumstances will I examine or discuss the examination contents with the examinees before, during, or after the examination
As a reader or translator you will not be eligible to take the FSMCE for one calendar year after serving in one of the above
13) roles.
14) I will read each examination questions clearly and without inflection.
15) I will fill in the blank(s) on the answer sheet that the examinee has indicated.

In additional, as a Translator

16) I will translate directions the script and examination ONLY.
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PRIOR APPROVAL IS REQUIRED.

Examinee must submit the Accomodation Documentation Form to NRFSP **prior** to testing. **Examinee must submit approval letter to Test Administrator/Proctor.**

MUST BE SIGNED BY READER OR TRANSLATOR. IF NOT SIGNED, the examination CAN BE INVALIDATED.

I, _____, _____,
Name Title

herby affirm that I understand that my responsibilities as a reader or translator, are critical to the Food Safety Manager Certification Examination Program. I am aware that I may be afforded access to proprietary information, confidentiality documents, and examination materials, and I hereby agree that I shall not disclose or provide to any person or entity, directly or indirectly, any information or documents pertaining to the preparation, testing, and/or grading services for the FSMCE. I agree that I will not examine any of the examination materials, unseal and sealed examination booklets, or divulge any examination content with examinees before, during, or after the examination except for the purpose of reading the examination questions.

It is understood that all documents, examination questions, or confidential information received from National Registry are and shall remain the exclusive property of National Registry, and that all documents or information shall be returned promptly to National Registry. As a reader or translator, I will assist the Test Administrator/Proctor as assigned by remaining in the examination room at all times during the examination unless otherwise directed by the Test Administrator/Proctor, by not allowing examinees to behave in an inappropriate manner, including talking, and by ensuring that the examinee are delivered an examination administered in a fair test environment.

Finally, I understand that breach of this agreement, intentional or unintentional, shall be grounds for civil proceedings should National Registry so pursue legal remedies to said breach. Minimally, I understand that should I fail to follow the standards set forth by National Registry, or the procedures provided by the Test Administrator, my privilege as a reader or translator will be revoked.

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READER OR TRANSLATOR (PLEASE COMPLETE)

Printed Name: _____

Date: _____

Drivers License #/State: _____

Email Address: _____

Signature: _____

READER

TRANSLATOR

I WILL SERVE AS:

TEST ADMINISTRATOR/PROCTOR (PLEASE COMPLETE)

I hereby attest that, I the Test Administrator/Proctor, have selected, trained, and supervised the above reader or translator. I have verified the identity of this person.

Printed Name: _____

Signature: _____

Date: _____

Company: _____

Test Administrator/Proctor: Please return this completed form with the examination materials used for the examination session at which the reader or translator was utilized.

IF YOU HAVE ANY QUESTIONS, COMMENTS, OR CONCERNS,
PLEASE CONTACT NATIONAL REGISTRY AT:

NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS
7680 UNIVERSAL BLVD; SUITE 550
ORLANDO, FLORIDA 32819
FAX: 407-352-3603
TOLL FREE: 800-446-0257
EMAIL: CUSTOMER.SERVICE@NRFSP.COM