

National Registry of Food Safety Professionals



5728 Major Blvd., Suite 750
Orlando, FL 32819
1-800-446-0257
Fax 407-352-3603
customer.service@nrfsp.com
www.nrfsp.com

Exam Administrator Agreement Form

Please read carefully before completing the requested information on the reverse

- 1) I have agreed to serve as an Exam Administrator for National Registry of Food Safety Professionals' Food Safety Manager Certification Examination, hereafter referred to as the FSMCE.
- 2) I have read the Exam Administrator's Manual, and will adhere to all standards of administration, confidentiality, and all procedures and instructions as specified in the Exam Administrator's Manual.
- 3) I have experience in giving secure exams (any kind, not limited to food).
- 4) I will not sit for the FSMCE within a period of one year after serving as an Exam Administrator for the exam except at a LaserGrade exam center.
- 5) I am submitting personal references from three individuals (two of whom have known me for more than one year).
- 6) I understand that I can only serve as Proctor for the first 35 candidates. Beyond that number there must be one Proctor for every 35 candidates and I must return a signed Proctor Agreement Form for each Proctor.
- 7) I will locate, select, train, and supervise all Proctors.
- 8) I agree that immediately upon receiving exam booklets, I will verify the shipment and so note on the Exam Administrator Report Form.
- 9) I agree to keep the exams under double-lock in secure storage or in my sole possession until administration.
- 10) I agree to maintain the security of the exams before, during, and after the exam administration.
- 11) I agree to comply with the procedures for handling any breach of security as outlined in the Exam Administrator's Manual.
- 12) I will organize and administer all exam site activities and procedures, including securing a site that conforms to the requirements specified in the Exam Administrator's Manual.
- 13) I will accurately check candidates' photo identification.
- 14) I will not offer any hints, suggestions, definitions, or clues to the answer of an exam item.
- 15) If there are any questions as to the understanding of an exam item, I will provide the candidate with a Candidate Comment Form.
- 16) I will ensure no talking or communication of any form between candidates occurs during the exam.
- 17) I will ensure all of the candidates' books and class materials are stored at the front or back of the room.
- 18) Under no circumstances will I examine or discuss the exam contents with the candidates before, during, or after the examination.
- 19) I will ensure that no exam materials leave the room with the candidates or have been photocopied.
- 20) I understand that a representative of the National Registry may audit any administration of the FSMCE.
- 21) I affirm that I am not an employee of any other ANSI/CFP accredited FSME organization.

I, _____, _____
(Print Name & Title) (Sign Name)

hereby affirm that I understand that my responsibilities as an Exam Administrator are critical for a fair and equitable administration of the National Registry of Food Safety Professionals' Food Safety Manager Certification Examination Program to each candidate.

Initial

Confidentiality and Nondisclosure. I am aware that I may be afforded access to proprietary information, confidential documents, and exam 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 provided by National Registry. I agree that I will not examine any of the exam materials, unseal any sealed exam booklets, or divulge any exam content with candidates before, during, or after the examination. It is understood that all documents, exam 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 an Exam Administrator, I will keep the exams in a double-locked and secure location, remain in the exam room at all times during the exam, not allow candidates to behave in an inappropriate manner, including talking, and will ensure that the candidates are delivered an exam that is administered in a fair exam environment.

Controlling Law/Venue. I understand that the validity, interpretation, and performance of this Agreement shall be controlled by and construed under the internal laws of the State of Florida, without regard to conflict of law principles. This Agreement shall not be construed for or against either party. Venue for any legal proceeding or action at law arising out of or construing this Agreement shall lie solely and exclusively in the state courts of Orange County, Florida, or the United States District Court for the Middle District of Florida, Orlando Division. Both parties acknowledge that this Agreement was created in and will be partially performed in the State of Florida, and therefore each party agrees to submit to the exclusive personal jurisdiction of the State of Florida for a resolution of all disputes arising in connection with the interpretation, construction or enforcement of this Agreement, and each party hereby waives any claim or defense to such courts, including any claim or defense that such courts constitute an inconvenient forum.

Attorney's Fees. I understand that if either party initiates or is made a party to legal proceedings in connection with this Agreement, then the non-prevailing party in those proceedings will pay the costs and reasonable attorneys' fees.

Severability. I understand that legal unenforceability of a single provision in this Agreement shall not prevent enforcement of any other provisions of the Agreement.

Contract Breach. I understand that any breach of this agreement, including inappropriate conduct such as lying or cheating while participating in an examination which shall be deemed a material breach, shall permit National Registry of Food Safety Professionals to pursue all available legal remedies, including seeking monetary damages and injunctive relief in addition to resulting in future exclusion from any and all National Registry of Food Safety Professionals certification designations, examinations, and other programs. I understand that should I fail to follow the standards set forth by the National Registry, or the procedures provided in the Exam Administrator's Manual, my privilege as an Exam Administrator will be revoked.

New Accounts. I agree to abide by and adhere to all financial requirements as presented on the New Account Establishment form.

Print Name _____ Sign Name _____ Date _____

PLEASE TYPE OR PRINT

PLEASE TYPE OR PRINT

Name _____

Social Security (optional) _____

Phone _____

Fax _____

Email _____

Have you been an administrator for an ANSI/CFP accredited provider? ____yes ____ no

Have your privileges been revoked? ____yes ____ no

If yes, please explain why. _____

Estimated number of exams to be given: _____ per _____(month/year).

Does your organization have a need for training resources/materials? ____yes ____ no

Number of years the company has been in business_____ Company website _____

Shipping Address

Company Name _____

I am authorized to order exams for this company ____yes ____ no

Region (if applicable) _____

Supervisor Name (if applicable) _____

Street Address _____

City, State, Zip _____

Attention _____

Address _____

____ Residential ____ Commercial

Billing Address (see new account form)

Drivers License or Passport Information (a copy **MUST** be provided **OR** NRFSP **CANNOT** process the application)

Issued by _____

Number _____

Expiration Date _____

FAX OR MAIL THIS COMPLETED FORM, A LEGIBLE PHOTOCOPY OF YOUR DRIVERS LICENSE, AND
A COMPLETED REFERENCE FORM OR LETTERS TO:

NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS

5728 MAJOR BLVD., SUITE 750

ORLANDO, FLORIDA 32819

FAX: 407-352-3603

(Forms and accompanying papers may be faxed or mailed)

UPON APPROVAL YOU WILL BE REGISTERED AS AN EXAM ADMINISTRATOR AT WHICH TIME NRFSP WILL SEND YOU THE IDENTIFYING CODES YOU WILL NEED FOR ORDERING AND EXAM ADMINISTRATION. AT THAT TIME YOU WILL ALSO BE PROVIDED LOG IN INFORMATION FOR OUR WEBSITE. FOR ALL QUESTIONS CONTACT THE NATIONAL REGISTRY AT CUSTOMER.SERVICE@NRFSP.COM; 407-352-3830; OR TOLL FREE AT 800-446-0257

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Test Administrator Reference Form

Please provide three references below as required for approval as an Exam Administrator. It may be used instead of letters from references. Each reference must provide his or her contact information. Two of the references must have known you for more than one year. Relatives may not serve as a reference. Also, non-relatives who reside at the same address as the Exam Administrator Applicant may not serve as a reference.

Administrator Applicant Information (print):

Applicant Name _____ Company _____

Daytime Phone _____ Email address _____

The following individuals have agreed to act as references to my professionalism and experience in areas that will enable me to fulfill my responsibilities and duties as described in the Exam Administrator's Manual for the Food Safety Manager Certification Examination program. I have asked these individuals to attest to my qualifications because they have known me personally and/or professionally, two of them for at least one year. Each individual has agreed to provide reference information to The Registry when contacted.

1) Name (print) _____

Address _____

Phone _____ Email _____

2) Name (print) _____

Address _____

Phone _____ Email _____

3) Name (print) _____

Address _____

Phone _____ Email _____

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NEW ACCOUNT ESTABLISHMENT

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PLEASE TYPE OR PRINT

Credit card type Visa MC Amex Discover Credit card number _____

Expiration date _____ CC Security Code (cwz/cvc2#) _____

Company Name _____

Billing contact(s) _____

Billing Address _____

City, State, Zip _____

Billing Phone _____

Billing Fax _____

Billing Email _____

Is a PO number required for billing? yes no Contact name for PO# _____

Initial _____

Personal Guaranty. The undersigned Personal Guarantor, in order to induce National Registry of Food Safety Professionals (NRFSP) to extend credit under the terms of the Agreement, hereby unconditionally and irrevocably guarantees to NRFSP the due and punctual payment of all amounts due under the Agreement or invoice submitted by NRFSP in the normal course of business, when and as the same shall become due and payable, whether at the times stated therein or herein or by acceleration or otherwise and costs and expenses of collection. Upon default or failure of _____ [your company name] in making any such payment when due (including any costs of collection), the Personal Guarantor will forthwith pay the same. This guaranty is an absolute, unconditional, present and continuing irrevocable guaranty of payment and not of collectibility. The Personal Guarantor unconditionally and irrevocably waives each and every defense which, under principles of guarantee or suretyship law, would otherwise operate to impair or diminish the liability of the Personal Guarantor, including any extension of time for payment or the exchange, surrender or release of any merchandise. This guaranty shall be binding upon the successors and assigns of the Personal Guarantor, and inure to the benefit of, and be enforceable by, the successors, assigns and endorsees of _____ [your company name]. The Personal Guarantor further agrees to all provisions in this Agreement, including, but not limited to, the provisions relating to governing law, venue, personal jurisdiction, attorney's fees for prevailing party.

Billing Policies:

- 1) All invoices are billed monthly- net 30 days.
- 2) Checks can be made payable to National Registry of Food Safety Professionals (NRFSP).
PO Box 850001 Orlando, FL 32885-0341

Credit Card Policies:

- 1) Credit card will be charged for initial two orders, then a billing account may be established (excludes corporate accounts and government entities).
- 2) How would you like your invoices to be charged?
Invoice Only Auto Pay (charge to cc once invoice has been entered) I will call before you charge my cc
(Approval of an invoice to be charged may be communicated via email to lcorchado@nrfsp.com.)
- 3) The National Registry reserves the right to charge the credit card on file for all invoices more than 90 days past due.

Cardholder Signature

Date

For office use only

Notes: _____

Admin # _____