



COMMONWEALTH of VIRGINIA
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

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Examination Site Conduct Agreement

To: Examination Candidates

From: Director, Office of Education and Examinations
Department of Professional and Occupational Regulation

- 1. General. You are reading a statement from the Virginia Department of Professional and Occupational Regulation. Please read carefully and sign the statement to acknowledge your understanding of this agreement. You will not be permitted to take the requested examination until after you have signed this agreement.
2. Prohibited Conduct. By taking this examination you agree that the following actions/behaviors constitute Prohibited Conduct at the examination site:
a. Looking at another examinee's answer sheet or test booklet or giving assistance to another candidate.
b. Receiving assistance. Use of any notes, manuals or other aids that have not been approved for use during the examination.
c. Copying the examination. Copying or retaining the examination questions, or transmitting the questions in any form to another person. This includes writing in authorized reference materials during open book exams.
d. Exhibiting irrational or disruptive behavior at the examination site.
e. Impersonation. Using false identification or taking an examination for someone else. Only the person named on the examination application/answer sheet is authorized to take the examination and their correct name must be signed on the examination.

AGREEMENT

I read and understand the provisions of this agreement. I further understand that a breach of this agreement may include, but is not limited to, expulsion from the examination, the voiding of my scores, the denial of my license, the restriction or prevention of my ability to take the examination again, and may expose me to litigation for recovery of expenses for the development of a new examination. If I am expelled from the examination for any reason, my examination fees will be forfeited.

Candidate's Name:

(Print Please)

Candidate's ID Number:

Name of Examination:

Date:

Candidate's Signature: