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National Consortium on Health Science  
 & Technology Education

**Testing Agreement for National Health Care  
 Foundation Skill Standards**

<b>Contact Information</b>
School/Organization:
Attn:
Shipping Address (for certificates):
City/State/Zip:
Telephone:
Email address:

**As the Test Center Coordinator, I agree to :**

- ✓ Verify student eligibility as outlined on the Eligibility-Test Content form (download at [www.nchste.org](http://www.nchste.org)).
- ✓ Keep all electronic test administration materials confidential and secure.
- ✓ Coordinate and/or conduct the test administration within a controlled environment with oversight by approved personnel. A controlled environment includes a library, computer lab or classroom. Approved personnel include an onsite teacher, test administrator or supervisor.
- ✓ Retrieve and distribute score reports and certificates in a confidential and secure manner to all testing candidates after test completion.
- ✓ Comply with and follow the NOCTI Online Test Administration Guidelines (to be provided by NOCTI).

**By completing this form and signing below, I:**

- ✓ Certify that all students will successfully complete each portfolio criteria prior to post-test administration.
- ✓ Acknowledge my understanding that the NOCTI online testing system is a web-based system utilizing the Internet for data transmission and is therefore subject to normal Internet interruptions.

**Signature of Test Coordinator**

**Date**

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