

<b>DEPUTY AND PROCTOR CERTIFICATE</b>			Exam Period: <input type="checkbox"/> Jan <input type="checkbox"/> June <input type="checkbox"/> Aug 20 __ __			
BEDS Code:		School Name:			City:	
<p>We, the undersigned deputies and proctors who assisted in the administration of Regents Examinations and Regents Competency Tests, hereby declare our belief in the correctness of the following:</p> <p>The rules and regulations for administering each exam were fully and faithfully observed, and in particular:</p> <ol style="list-style-type: none"> <li>1. The rules for administering each exam were read to or read by each person who assisted in administering the exams.</li> <li>2. Each exam was held on the day and within the hours prescribed.</li> <li>3. The exams were kept in the shrink-wrapped packages until the exact day and hour prescribed for opening the packages.</li> <li>4. The students were given appropriate instructions and orientation before beginning each exam.</li> <li>5. The students were so seated as to prevent collusion.</li> <li>6. Adequate supervision was maintained throughout the administration of each exam.</li> <li>7. The exam booklets answer papers were collected from the students immediately at the close of each exam and properly safeguarded.</li> </ol>						
	Print Name	Signature	Exam Proctored	Exam Room	Exam Proctored	Exam Room
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Make as many copies of this certificate as needed.**

After completion, photocopy and return completed certificate(s) to the State Education Department in the locked Regents box. Retain a photocopy in school files for one year.