Examination Title: _____

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of State Assessment
Albany, New York 12234

Packing Code: _____

DEPUTY AND PROCTOR CERTIFICATE

Regents Examinations and Regents Competency Tests

BEDS Code: _____ School Name: _____

School Address: _____ City: _____

Administrator/Principal: _____ Exam Period: _____ 2018

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:

The rules and regulations for administering each examination were fully and faithfully observed, and in particular:

1. The rules for administering each examination were read to or read by each person who assisted in administering the exams.
2. Each exam was held on the day and within the hours prescribed.
3. The exams were kept in the shrink-wrapped packages until the exact day and hour prescribed for opening the packages.
4. The students were given appropriate instructions and orientation before beginning each exam.
5. The students were so seated as to prevent collusion.
6. Adequate supervision was maintained throughout the administration of each exam.
7. The exam booklets answer papers were collected from the students immediately at the close of each exam and properly safeguarded.

	PRINT NAME	SIGNATURE	EXAM(S) PROCTORED	EXAM ROOM(S)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

As principal, I attest that the rules and regulations for proctoring, as listed above, were fully and faithfully observed.

Signature of Principal _____ Date ____/____/____

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

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

DET 522 (1-18—2,000) 17-39658