



Foodservice Management Professional® (FMP®) Proctor Application

Please submit completed application via:

Mail National Restaurant Association Solutions (NRA Solutions)
Attn: NRA Solutions Exam Administration Department
175 W. Jackson Blvd., Ste 1500
Chicago, IL 60604

Fax 866.665.9570 (toll free) or 312.583.9853 (direct local).

Completed and signed Applications will be processed in three (3) to five (5) business days.

Incomplete and/or unsigned Applications will not be processed.

PLEASE PRINT CLEARLY

Section 1: Applicant Information

First Name _____ Last Name _____

ServSafe.com User I.D. _____

Title _____

Address _____

City _____ State _____ ZIP _____

Organization Name _____

Telephone _____ Fax _____

Email* _____

***All communication for the FMP Proctor Approval is done via email. Make sure the email address you provide accepts incoming outside email.**

If approved as an FMP Proctor, would you like your contact information to be available for FMP applicants?

Yes No

If yes, please check which contact information you would like to be listed. (Check all that apply)

Email Phone

Professional References (you must provide two that we can contact at this time):

1. Name _____ **Title** _____

Organization _____ **Phone** _____

Email _____

2. Name _____ **Title** _____

Organization _____ **Phone** _____

Email _____

Section 2: Foodservice Management Professional® Performance Agreement

*This performance agreement is intended to ensure consistent and high-quality delivery of the Foodservice Management Professional® (FMP®) program and to ensure compliance to the procedures related to the Exam. Please read the following expectations carefully. **By initialing the lines next to each statement, you are committing to National Restaurant Association Solutions (NRA Solutions) that you will follow these standards as an Approved FMP Proctor.***

Whenever performing in the role of an Instructor and/or Proctor:

- _____ I agree and understand that NRA Solutions may communicate updates, changes and other information to me by electronic mail, U.S. mail or other means.
- _____ I will abide by all copyright guidelines set forth in NRA Solutions materials. I will only reproduce or alter NRA Solutions materials that explicitly state can be duplicated or altered for which I have received written permission from NRA Solutions. I will not portray NRA Solutions content or materials with my own logo.
- _____ I am aware of and will follow the policies established by NRA Solutions that ensure the confidentiality of the Exam contents and of secure Exam administration. These Exam policies and procedures are outlined in the FMP Proctor Guidelines. I have read the Guidelines and understand the penalties for violating the standards.
- _____ I will comply with the procedures regarding the handling of any breaches of security that might occur before, during or after an Exam and understand that NRA Solutions will investigate any allegations of exam security violations.
- _____ I will not administer the Exam to anyone if a conflict of interest may result.
- _____ I will not review or reveal the contents of any Exam at any time, nor will I duplicate the exam via copying, downloading, publishing or transcribing for any purposes without the express written permission of NRA Solutions.
- _____ I understand that I am responsible for conducting classes and/or administering the Exam in accordance with guidelines set by the current policies implemented by NRA Solutions.
- _____ I understand that NRA Solutions has the right to audit any courses I instruct and/or exams I administer for quality assurance purposes with or without advance notice to me.
- _____ I am aware that the penalties for violating standards (provided in the FMP Proctor Guidelines or this Performance Agreement) may include, but are not limited to: warning, probation, and temporary suspension of course instruction and/or proctoring privileges, revocation of course instruction and/or proctoring privileges at will, civil or criminal action, other action NRA Solutions considers appropriate.
- _____ I authorize any references named in this application to provide NRA Solutions with any information that may be requested to arrive at an approval decision. I release all such persons, entities and NRA Solutions from all liability that may arise from such investigation and release of information.
- _____ I understand that NRA Solutions may notify third parties of penalty actions, with or without prior notice to me. These parties include: educational institutions, government, health and regulatory agencies, employers and/or law enforcement agencies.
- _____ I understand that information concerning my status as an FMP Proctor may be shared with NRA Solutions affiliates, transferees and assignees.

Confidentiality

I understand that score reports are considered privileged and strictly confidential information. The only individuals authorized by NRA Solutions to distribute scores and certificates to examinees are as follows: NRA Solutions or its designee, the examinees' registered Instructor/Online Proctor, the examinees' employer and appropriate health/regulatory agencies.

I agree to maintain score reports in strictest confidentiality and will not divulge the score of any candidate to anyone other than the candidate, the representative of the sponsoring organization or a health department official in the jurisdiction of the individual candidate. I understand that I may be held liable for damages resulting from any breach of this obligation.

I understand that all information gathered on examinees requiring special arrangements or accommodations in accordance with the Americans with Disabilities Act (ADA) is proprietary and confidential information. This includes information on individuals who assist candidates with special needs. I agree not to disclose to any person other any confidential information on examinees needing special accommodations as defined under the ADA.

I agree to maintain all information with reference to any candidate with special needs or any individual assisting a special-needs candidate as strictly confidential and privileged information. I understand that I may be held liable for damages resulting from any breach of this obligation.

I agree that this Performance Agreement shall be governed by, construed in accordance with, and enforced solely in the state of Illinois. I agree that any claim or action relating to this Performance Agreement shall be commenced exclusively in an appropriate court in the state of Illinois, and I hereby waive any objection to personal jurisdiction that I may otherwise have.

Print Name

Date

Signature