



TEXAS A&M AGRILIFE

VETERINARY ASSISTANT EXAM PROCTOR INFORMATION

UPDATED 1.28.25

STUDENT INFORMATION

Full Name : _____
(USE ALL CAPITAL LETTERS)

PROCTOR INFORMATION *(CANNOT BE A PARENT)*

Full Name : _____
(USE ALL CAPITAL LETTERS)

Proctor Credential : Teacher Adult Leader or County Extension Agent DVM Technician Practice Manager

Name of Exam Location : _____

Exam Location Address : _____

City : _____ **State** : _____ **Zip Code** : _____

Phone Number : _____

E-Mail : _____

Signature of Proctor : _____
SIGNATURE VERIFIES THAT PROCTOR HAS AGREED TO ADMINISTER TEST ACCORDING TO GUIDELINES

Week of Testing : _____ to _____ **Preferred Date of Testing** : _____
PLEASE SELECT WEEK STARTING ON A MONDAY AND ENDING FRIDAY *TESTING DATE WILL BE CONFIRMED BY VSCP CREDENTIALING COORDINATOR BY EMAIL ONCE APPLICATION IS APPROVED AND PROCTOR WILL NOT BE SENT INFORMATION UNTIL MONTH OF EXAM*

CERTIFICATE DOCUMENTS

EXAM RESULTS WILL BE AVAILABLE ONLINE AND A HARD COPY ALONG WITH CERTIFICATE(S) WILL BE MAILED TO THE ADDRESS PROVIDED BELOW USING UNITED STATES POSTAL SERVICE. IF YOU ARE A TEACHER OR COUNTY AGENT TESTING A GROUP OF STUDENTS ALL DOCUMENTS WILL BE MAILED TOGETHER TO THE ADDRESS BELOW.

Name : _____
(USE ALL CAPITAL LETTERS)

Mailing Address : _____

City : _____ **State** : _____ **Zip Code** : _____