

**AMERICAN CERTIFICATION AGENCY  
GUIDELINES FOR ADMINISTERING AN ELECTROCARDIOGRAM  
CERTIFICATION EXAMINATION ON SITE**

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**Qualifications for a Proctor:**

1. The certification exam must be proctored by a manager, supervisor, instructor or certified ECG technician knowledgeable of current electrocardiography practices.
2. The proctor must provide proof of performing ECGs by submitting copies of certifications, curriculum vitae, and one reference letter.
3. It is preferred that the proctor be a hand-on practitioner and actively performs ECGs.

**Site Requirements:**

1. A quiet, comfortable room that can be used for at least 2½ hours with no interruptions. A small conference room is ideal with the ability to seat no more than 2 people per 6 – 8 foot table.
2. The proctor must stay in the room the entire time the applicant is taking the written examination.
3. Examinations must be returned to the American Certification Agency via a traceable means, e.g., certified mail, UPS, Fed Ex, no later than two days after the exam is taken.

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**Please PRINT information requested.**

PROCTOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
PROCTOR SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ EMAIL: \_\_\_\_\_  
YEARS PERFORMING ECGS \_\_\_\_\_ CERTIFIED BY \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_  
EXAM FACILITY: \_\_\_\_\_ PROCTOR TELE #: \_\_\_\_\_  
EXAM ADDRESS: \_\_\_\_\_ EXAM DATE: \_\_\_\_\_  
\_\_\_\_\_  
EXAM TIME: \_\_\_\_\_  
PROCTOR FAX # \_\_\_\_\_  
CONTACT PERSON SUPERVISOR, MGR, DTR): \_\_\_\_\_ TITLE: \_\_\_\_\_  
CONTACT PERSON TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
SEND EXAM TO (NAME): \_\_\_\_\_  
@ THIS ADDRESS: \_\_\_\_\_

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**The information provided must be verified by the proctor's director, supervisor or manager.**

Director, Supervisor or Manager: \_\_\_\_\_  
Signature Print Name

DATE INFORMATION SUBMITTED: \_\_\_\_\_

**MAIL OR FAX TO: American Certification Agency P.O. Box 58, Osceola IN 46561  
Phone: 574-277-4538 Fax: 574-277-4624**