

## Proctor Application Form

Fields marked with \* are required

Please note that this form is to be **completed personally by the proctor ONLY**. If this form is completed by the exam candidate or anyone else, then the application will automatically be rejected.

Please **do not** complete this application form before you have read the full 20 page **Proctor Guide** which is [available here](#). Please mail, email or fax the completed form to: The Travel Industry Council of Ontario, 2700 Matheson Boulevard East, Suite #402, West Tower, Mississauga, Ontario L4W 4V9. Fax #: 905-624-8631. Email: [ticoexam@tico.ca](mailto:ticoexam@tico.ca). If you are submitting this application form, please DO NOT submit the application form in the Proctor Guide.

For information on how TICO protects your personal information, please see our [Privacy Policy](#).

### Proctor Info (Please complete all fields)

* Name (first and last)	<input type="text"/>
* Position	<input type="text"/>
* Company	<input type="text"/>
* Address	<input type="text"/>
	<input type="text"/>
* City	<input type="text"/>
* Province	<input type="text"/>
* Postal Code	<input type="text"/>
* Country	<input type="text" value="Canada"/>
* Business Email	<p>Please note that some email services may send emails from TICO into your junk/spam folder. Therefore, <u>always check</u>.</p> <input type="text"/>
* Telephone	<p>Include area code: xxx-xxx-xxxx</p> <input type="text"/>
* Cell Phone	<input type="text"/>

### Proctoring Type (Individual or Group?)

- \* How many people are you proctoring?
- 1-4** (Complete the Individual Exam Section)
- 5 or more** (Complete the Group Exam Section)

**Individual Exams (If you are proctoring for 1 to 4 individuals, please complete this section)**

**\* Candidate Name(s)**

Please list the name(s) of the candidate(s) for whom you are proctoring

  
  
  

**\* Exam Info**

Please indicate the date, location and time of the exam.

Exam Date mm/dd/yyyy

Exam Time eg. 1:00pm

Exam Location eg. 123 Main Street

**\* Related to Candidate?**

Are you related to any of the candidates writing the exam? If yes, and if you're proctoring for more than one candidate, please name the candidate(s) to whom you are related.

Yes  No

If Yes, name candidate

**\* Friend of Candidate?**

Would you consider any of the candidates as a friend? If yes and if you're proctoring for more than one candidate, please name the candidate with whom you are friends.

Yes  No

If Yes, name candidate

Is the above named person a friend or an acquaintance? Please explain.

  
  

**\* Worked with Candidate?**

Have you ever worked with any of the candidate's before? If yes, please indicate the candidate's name(s) and how long ago (in years).

Yes  No

If Yes, name candidate eg. Kathy, Joe

If Yes, number of years

 eg. 10, 5

**\* Intend to Work with Candidate?**

Do you intend to work with the candidate(s) in the future? If yes, and if you're proctoring for more than one candidate, please indicate the candidate's name.

Yes  No

If Yes, name candidate

**\* Affiliated with Candidate's Agency?**

Is your agency/workplace in any way affiliated with the candidate's agency? If yes, please explain in what way your business is linked to the candidate's agency.

Yes  No

If Yes, please explain how linked

**Group Exams (If you are proctoring for 5 or more candidates, please complete this section)**

**\* Group/Agency Name**

Please enter group/agency name for whom you're proctoring (if applicable)

Example: Joe's Travel

**\* Exam Info**

Please indicate the date, time and location of the exam.

Exam Date mm/dd/yyyy

Exam Time eg. 1:00pm

Exam Location eg. 123 Main Street

**\* Related to Candidate(s)?**

Are you related to any of the candidates writing the exam? If yes, please name the candidate to whom you are related.

Yes  No  
If Yes, name candidate

**\* Friend of Candidate(s)?**

Would you consider any of the candidates as friends? If yes, please name the candidate's with whom you are friends.

Yes  No  
If Yes, name candidate

Is the above named person a friend or an acquaintance? Please explain.

**\* Worked with Candidate(s)?**

Have you ever worked with any of the candidates before? If yes, please indicate the candidate's name(s) and how long ago (in years).

Yes  No  
If Yes, name candidate(s) eg. Kathy, Joe  
  
If Yes, number of years  
 eg. 10, 5

**\* Intend to Work with Candidate(s)?**

Do you intend to work with the candidate(s) in the future? If yes, and if you're proctoring for more than one candidate, please indicate the candidate's name.

Yes  No  
If Yes, name candidate

**\* Affiliated with Candidate's Agency?**

Is your agency/workplace in any way affiliated with the candidate's agency? If yes, please explain in what way your business is linked to the candidate's agency

Yes  No  
If Yes, please explain how linked

**Experience with the Travel Industry (Please complete all fields)**

**\* Have you already written the exam? If yes, please enter your result as well as your exam date.**

Yes  No  
If Yes, enter exam result (Pass / Fail)  
  
Exam Date mm/dd/yyyy

**\* Is it your intention to write the TICO exam at some point?**

Yes  No

## Understanding of the Proctor Guide (Please complete all fields)

- ★ Have you read the entire Proctor Guide?  Yes  No
- ★ Do you understand the responsibilities of a Proctor as outlined in the Proctor Check List (Appendix G of the Proctor Guide)?  Yes  No
- ★ Do you have any questions about your responsibilities? If yes, TICO will contact you.  Yes  No

## Pop Quiz

- ★ Is a Proctor supposed to be physically present in the exam room at all times?  Yes  No
- ★ What does a candidate do after completing the exam?  Click on *Submit Answers*  
 Logout
- ★ What should a Proctor have with him/her at all times?  Proctor Guide & Instruction Form  
 A snack

★ **Declaration:** I  (type name of Proctor) qualify to be a Proctor based on the criteria listed in the Proctor Guide. I declare that I have no conflict of interest with any of the candidates writing the exam and that I am not related to any of them. I affirm that I will not divulge any information on the exams or copy, reproduce or store in an electronic system or any other storage system, any of the information contained in, or information about, the exam. I further affirm that I have read and I understand my responsibilities, as described in the Proctor Guide.

- ★ Terms & Conditions Agreement  By typing my name and submitting this form, I am attesting to the truthfulness of all of my responses
- TICO Proctor Referral?  Check box if you would like TICO to suggest your name as a Proctor to other candidates.

Comments

Please note that TICO performs random spot checks at exam writing venues and may, with proper ID, attend the session you are proctoring.

Thank you for your application! Please **fax or email** a copy of your **government issued photo ID** within **24 hours** of submitting this form to the following:

Attn: Ms. Lori Furlan  
Fax: 905-624-8631  
Email: [ticoexam@tico.ca](mailto:ticoexam@tico.ca)