

CERTIFICATION PROGRAM GROUP EXAM APPLICATION FORM

April, 2017



The HSCG must receive this request at least 30 days before the proposed exam date.
Mail/fax/email to the address at the end of this form.

Advocate's Name: _____ Application Date: _____
Street Address: _____ HSCG Mbr #: _____

Phone: _____
City, State, Zip: _____ Country: _____
Email: _____

Examination: Date and time of Exam: _____

I understand that the exam is conducted under the auspices and rules of the HSCG, and the Advocate's role is to host the exam. I have read the "Group Examination Rules" and will follow these rules. My selection of a Proctor falls within the acceptable guidelines for a Proctor. Any fees negotiated between the Advocate, Proctor, and/or test location are solely the responsibility of these parties.

Advocate's Signature: _____
Date: _____

Test Location (to be completed by Member):

Facility Name: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
Anticipated Number of Examinees: _____
Room size and description: _____

Table size and arrangement: _____
Seating arrangement: _____
Room lighting description: _____
Room environment (quiet, air conditioned/heated, etc): _____

Other information: _____

Proctor Information (to be completed by Proctor):

Proctor's Name: _____
Institution: _____ Position: _____
Street Address*: _____
_____ Phone: _____
City, State, Zip: _____ Country: _____
Email: _____

* This address will be used to mail the exam to the Proctor.

I agree to provide proctoring for the above HSCG Member. I have read the attached "Exam Instructions - Proctor" and believe I would be an acceptable Proctor. I agree to follow the rules and assure confidentiality of materials entrusted to my care. I am knowledgeable about the proposed test location's environment and assess them as being adequate for the purpose of administering this exam. Any fees negotiated between the Member, Proctor, and/or test location are solely the responsibility of these parties

Proctor's Signature: _____

Date: _____

Send Request to:

Handcrafted Soap & Cosmetic Guild
Attn: Certification
178 Elm St.
Saratoga Springs, NY 12866
Fax: 518-306-6935
Email: certification@soapguild.org

For further information:

Phone: (866) 900-SOAP (866-900-7627)
(518) 306-6934
Fax: 518-306-6935
Email: certification@soapguild.org