

# CERTIFICATION PROGRAM PROCTOR APPROVAL FORM



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.

Member's Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ HSCG Mbr #: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_

**Certification:** Check with process(es) and level(s) you are applying for:

Cosmetic Maker       Basic

MP Soapmaker       Basic       Advanced\*       Expert\*       Master\*

CP/HP Soapmaker       Basic       Advanced\*       Expert\*       Master\*

\*Soapmakers applying for Advanced, Expert or Master Soapmaker Certification must have certification at the previous level of that particular soapmaking process.

**Examination:** Date and time of Exam: \_\_\_\_\_

I understand that Certification is applicable only to HSCG members in good standing. I have read the "Examination Instructions - Individual" and will follow these rules. My selection of a Proctor falls within the acceptable guidelines for a Proctor. Any fees negotiated between the Member, Proctor, and/or test location are solely the responsibility of these parties.

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Test Location** (to be completed by Member):

Facility Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**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.

I understand that any fees negotiated between the Member, Proctor, and/or test location are solely the responsibility of these parties

Proctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Send Pages 1 and 2 to:**

Handcrafted Soap & Cosmetic Guild  
Attn: Certification  
184 Edie Road, Suite A  
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