



Web Based Testing (WBT) Request Form

College Name

Mailing Address (include suite # if applicable) City

State

Zip Code

Program Director

Phone Number

Email

Clinical Coordinator/Instructor (Secondary Contact)

Phone Number

Email

Would you like the NBSTSA to copy the above listed secondary contact on all communication? No Yes

Proctor

Job Title

Department

Phone Number

Email

Number of students testing*: _____

Examination date requesting*: _____

*Paperwork must be submitted a minimum of 45 calendar days prior to the examination requested date.

Examination start time*: _____

*Please remember AMP authorizes candidates up to 4 hours to complete their examination.

Expected date of graduation or date range if school is open exit*: _____

*Please note date range will not be accepted in lieu of official proof of graduation. Official proof of graduation must reach the NBSTSA office within 60 days of the students examination date per NBSTSA policy.

Degree being awarded: Associates Certificate or Diploma

Program Director Signature

Date

* Please attach a list of students that will be testing.

