



National Consortium on Health Science  
& Technology Education

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**Testing Agreement for National Health Care  
Foundation Skill Standards**

Contact Information
School/Organization
Attn:
Shipping Address (for certificates):
City/State/Zip:
Telephone
Email address:

**As the Test Center Coordinator, I agree to :**

- ✓ Verify student eligibility. (Additional information is provided)
- ✓ Keep all electronic test administration materials confidential and secure.
- ✓ Coordinate and/or conduct the test administration within a controlled environment with oversight by approved personnel. A controlled environment includes a library, computer lab or classroom. Approved personnel include an onsite teacher, test administrator or supervisor.
- ✓ Retrieve and distribute score reports and certificates in a confidential and secure manner to all testing candidates after test completion.

By completing this form and signing below, I certify that all students have successfully completed each portfolio criteria.

**Signature of Test Coordinator**

**Date**

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