



The Education Foundation of
National Association of Licensed Practical Nurses
230 Washington Avenue Extension, Suite 101, Albany, NY 12203
518-694-5361 • Fax: 518-463-8656 • www.nalpn.org

Affidavit of Proctor

**I affirm that I have verified the identity of and proctored the
IV Therapy or Gerontology (circle test) Certification Examination for**

(Applicant Name)

The exam time is approximately 1 minute per question.

IV Therapy – 95 questions

Gerontology – 104 questions

The above applicant did not use any materials during the examination other than the provided test booklet and was not given any assistance in answering the questions during the examination period. The exam time period was set within the above guidelines for completion. I have accounted for the completed exam and test booklet and have accounted for the CD that was mailed to the above named applicant.

(Print Proctor Name)

(Date)

(Proctor Signature)

**Mail all materials to:
NALPN Education Foundation – Certification Department
230 Washington Avenue Extension, Suite 101
Albany, New York 12203**

Enclosed:

_____ signed affidavit

_____ completed exam

_____ test booklet

_____ refresher CD or \$25 replacement payment