

Practice Management Institute Professional Proctor Application

Candidates applying for the opportunity to become a Practice Management Institute (PMI) Professional Proctor must complete this application and submit for approval to the address supplied on page three. A PMI Professional Proctor will be selected and approved by the PMI Certification Board of Review. They will assist in these primary areas:

- Promote PMI certification courses via webinar or self study format in their community
- Promote PMI course presentations in their community
- Provide a location to Proctor PMI's certification exams
- Promote the ongoing monthly webinars
- Promote the Total Access subscription for webinars

Those who are eligible to apply for the role of proctor must have an active PMI credential.

Upon approval, the individual will receive additional information and details about the various aspects of the Proctorship components. Commission structure for sales promotions and proctoring of certification exams will be provided. Proctors are required to adhere to Practice Management Institute Standards of Excellence.

It is important to note that this is not a full-time position, and no relationship of employer/employee will exist between PMI and its Proctors. Proctors are compensated on an Independent Contractor basis.

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Name: _____

Title/Position: _____

Business Name: _____

Business Address: _____

Business Phone and Fax: _____

Business Email: _____

Home Address: _____

Home Phone: _____ Cell: _____

E-mail: _____

PMI National Certification(s) held: _____

Other National Certifications held: _____

How did you find out about this opportunity: _____

Please mark an "X" where the exam locations will be held:

Business address: _____ Yes _____ No _____ No space available

Home address: _____ Yes _____ No _____ No space available

Other (i.e., Library, College): _____

Location Name: _____

Address: _____

Phone: _____, Ext. _____ Fax: _____

Email: _____

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Describe your reasons for wanting to become a PMI Professional Proctor:

I, the undersigned, verify that the information provided is accurate and true. I acknowledge that at any time, if it is found that I have provided false or intentionally misleading information on this application, PMI may disqualify my application, making me ineligible for future consideration of this position.

Agreed: _____
(Print Full Name)

Signature: _____ Date: _____

I, the undersigned, have read and agree to Proctorship duties, and will fulfill each requirement to the best of my ability. I will adhere to Practice Management Institute's Standard of Excellence.

Agreed: _____
(Print Full Name)

Signature: _____ Date: _____

Upon completion, please email this application to pmoskaitis@pmimd.com or fax to Paige Moskaitis at 210.691.8972 and mail original to this address:

Proctor Certification Board of Review
Paige Moskaitis
Practice Management Institute
9501 Console Drive, Suite 100
San Antonio, TX 78229