

ONLINE EXAMINATION INVIGILATION APPLICATION

MOBIUS INSTITUTE BOARD of CERTIFICATION

When completed, please return this form ***at least 2 weeks before the examination date.*** The Exam Method offered for Independently Invigilated Exams is Online. If you are unable to complete the exam using the ***online method***, please contact exams@mobiusinstitute.com to discuss your options.

EXAM CANDIDATE'S DETAILS:

Candidate Name: _____

Address: _____

State: _____ Post/Zip Code: _____ Country: _____

E-mail Address: _____ Telephone: _____

- Technology/Category:
- Vibration Analysis CAT I
 - Vibration Analysis CAT II
 - Vibration Analysis CAT III
 - Vibration Analysis CAT IV
 - Asset Reliability Practitioner ARP-A
 - Asset Reliability Practitioner ARP-E
 - Asset Reliability Practitioner ARP-L
 - Ultrasound CAT I
 - Infrared Technology CAT I

Date of examination: _____

Language of examination: _____
(If selecting Spanish please specify Castellano or LATAM Spanish)

Proposed location of examination: _____

- This form is completed and returned at least 2 weeks before the examination date.
- You arrange for an invigilator to supervise your examination and guarantee that required examination conditions are met.
- To maintain the security and integrity of the exam, it is a requirement that the exam process be video recorded. Detailed instructions for this will be sent to you when your application has been approved.
- Any costs incurred for invigilation and return shipping of the exam to MIBoC are paid by the student. These costs will not be reimbursed by MIBoC.
- Your nominated invigilator meets the criteria set out on Page 2 of this form.
- Both you and your invigilator must sign the form where indicated.

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INVIGILATOR INFORMATION:

An invigilator *MUST* be a third and neutral party. You may choose a Human Resource Representative, Training Coordinator, University or Community College exam center, or any authorized person that meets the Invigilator criteria set forth in these statements.

The invigilator *MUST NOT* be a close relative, friend, manager or direct report supervisor.

Title (Mr/Mrs/Ms/Dr): _____

Invigilator's Name: _____

Occupation/Company: _____

Country: _____

E-mail Address: _____

Telephone: _____

INVIGILATOR DECLARATION:

I am currently employed in the capacity of: _____

at _____

and I am not a close relative, friend, manager or direct report supervisor of the above-named candidate.

I will enforce any requirements of the examination, as specified by MIBoC.

Signature: _____ Date: _____

EXAM CANDIDATE DECLARATION:

I declare that the information provided on this form is correct.

Signature: _____ Date: _____

Please email the completed form to exams@mobiusinstitute.com