

Step 5—Review and Sign

Please review your order form to verify you have completed Steps 1–4. Remember to write your site name at the top of each page. Read the information below, sign this form, and mail or fax pages 2–5 to ACT using the contact information below.

I agree to adhere to all ACT policies and procedures outlined in the *Supervisor's Manual*.* I also verify that I and/or others I may designate (check appropriate lines)

- Have sufficient training and knowledge of measurement principles
- Have received ACT test administration training
- Will be working under the supervision of trained personnel

to responsibly administer these tests. I further certify that no examinee will have access to testing materials at any time without adequate supervision and that the principles of fair testing practices will be upheld. I agree to return all used and unused test materials to ACT after each testing session.

Name (please print) _____

Signature _____ Date _____

* The *Supervisor's Manual* can be downloaded in PDF format from the secure Products and Services website.

Website address: <http://www.act.org/workkeys/edmarketing>

User name: WorkKeys

Password: administration

(Both are case-sensitive.)

ACT Contact Information

Phone: 319/337-1550

Fax: 319/337-1467 Attn: ACT WorkKeys

Mail: ACT WorkKeys Customer Services (70)

2727 Scott Boulevard

P.O. Box 1008

Iowa City, IA 52243-1008



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