

Applicant Retest Agreement



AAC Name

Primary Administrator Name

Primary Administrator Signature

Date

By signing this document I am stating that I am aware that this assessment contains confidential information that is being disclosed to me today for the purpose of retesting, and no other purpose. I understand that NCCER assessment questions are proprietary to NCCER and are protected under copyright law.

I agree that I will not discuss or disclose NCCER assessment content orally, in writing, on the Internet, or through any other medium. I agree that I will not copy, reproduce, adapt, disclose, or transmit assessments or assessment questions, in whole or in part, or assist anyone else in doing the same. I further agree that I will not reconstruct assessment content from memory, by dictation, or by any other means, for the purpose of sharing that information with any other individual or entity.

I understand that prohibited acts include, but are not limited to: describing questions or graphics from the assessment; identifying terms or concepts contained in assessment questions; sharing answers to questions; referring others to information I saw on the assessment; reconstructing a list of topics on the assessment; and discussing assessment questions, answers, graphics, or topics on Internet "chat" rooms, message boards, forums or through other means.

I understand and agree that any alleged violation of this agreement or any alleged activity that may compromise the integrity of NCCER's assessment item bank will be investigated. I also understand that if it is found that I have provided false information or violated the terms of this agreement that NCCER may revoke any certifications that have been issued to me, and place me on the NCCER Watch List, which will result in my being unable to participate in any NCCER assessments or practical examinations for up to five years.

I agree to comply with the terms of this Applicant Retest Agreement and understand the consequences for failing to comply.

Applicant Name

Applicant Signature

Date

Applicant Social Security Number