

EXAM SECURITY AGREEMENT

As an American Heart Association {AHA} Instructor, I understand the necessity of maintaining security of the written examinations. I agree that I will be solely responsible for all AHA exams in my possession. I understand that I may copy exams as necessary to conduct courses and will administer these exams in a proctored setting. I will ensure that any paper and/or electronic copies of AHA exams are stored in a secure location, and I will return all paper and electronic copies to the Training Center immediately upon request. I further understand that failure to adhere to this policy may result in termination of my instructor affiliation with RWJBarnabas Health Mobile Health Training Center.

Print Name

Signature

Instructor Number

Date