



ACKNOWLEDGMENT OF TRAINING IN TEST SECURITY AND TEST ADMINISTRATION

School Year _____

Title of Training: _____

Assessment Type/Program: ___ State ___ District ___ National

School Name _____

**Principal or Site
Administrator** _____

With my signature, I hereby certify that I have received, reviewed, understand, and will comply with the test security and test administration principles and procedures for the assessment and training specified on this form and outlined therein. Furthermore, I agree to abide by current state and district test security procedures and professional expectations, and I understand that a breach in test security on my part could lead to my dismissal or denial of reemployment, and/or suspension or revocation of my Nevada educator license.

Authenticated digital signature or physical signature accepted. Submit electronic PDF or printed signed form to the principal or site administrator. Do not submit completed forms as a photo image.

Signature _____ **Date** _____

Print Name _____

Title/Position _____

NOTE: School principals are responsible for retaining signed training acknowledgement forms with the school's test security documentation for three consecutive school years. In the event of a test security investigation, the school will be required to produce proof of training.