

**Proctor Validation Statement**  
**Certified Workforce Planning Professional (CWPP) Program**  
**Society of Workforce Planning Professionals (SWPP)**

Student Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Test Name: \_\_\_\_\_

*I hereby verify that the above student completed this test fairly and with no assistance in the allotted time period of two hours.*

Signature: \_\_\_\_\_

Proctor Name: \_\_\_\_\_

Company: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax completed statement to Vicki Herrell at 615-352-4204. Test results will not be released without receipt of validation statement.**