



Massachusetts Certified Arborists Program  
**EXAMINATION PROCTOR APPLICATION**

**CRITERIA**

A proctor shall be an individual who is:

- A Massachusetts Certified Arborist in good standing, who has met all MCA recertification requirements;
- A current member of the Massachusetts Arborists Association.

Applications are reviewed by the Massachusetts Certified Arborists Examining Committee and proctor assistance is requested on an "as needed " basis.

Applicant: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List professional/practical affiliations or certifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, agree that if I am appointed as a proctor I will abide by all policies, procedures, and standards established by the Massachusetts Arborists Association for the administration of the Certification exam and program and will preserve the confidentiality of the Certification exam.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_