



Proctor Name(s):

Candidate Name:

Location:

Section(s): Practical Case-based

Answer all questions and submit this form to residency@acvs.org within 24 hours of completion of the examination. If more than one person served as proctor, one combined form or separate forms for each proctor may be submitted. ACVS will not release candidate results unless all forms have been received.

1. Did the candidate take one or more unscheduled breaks during the Phase II Surgical Competency Examination?

YES NO

If yes, please indicate time, duration, and reason:

2. Did the candidate access any materials during the Phase II Surgical Competency Examination that would have provided information to aid in taking the exam?

YES NO

If yes, please describe:

3. Did the candidate access any electronic devices (i.e., cell phone, smart watch, tablet, or computer) other than the designated testing computer at any point during the Phase II Surgical Competency Examination?

YES NO

If yes, please indicate device and time noted:

4. Did the candidate display any behavior that could possibly be interpreted as academic dishonesty (e.g., attempting to access unauthorized materials or speak to other candidates)?

YES NO

If yes, please describe:

I (we) attest that to the best of my (our) knowledge the above candidate adhered to all of the guidelines for the Phase II Surgical Competency Examination as set forth by ACVS, except where noted above.

Signature(s)

and date