ACKNOWLEDGMENT OF TRAINING IN
Nevada Department of Education
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 procedures for the assessment and training specified on this form. Furthermore, I agree to abide by current state and local 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 school principal or site administrator.

Signature _____ **Date** _____

Print Name _____

Title/Position _____

NOTE: The school principal is responsible for retaining signed training acknowledgment forms with the school's test security documentation for three consecutive school years. In the event of a test security investigation, the school principal is required to provide evidence of training.