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GOVERNOR



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**FLORIDA DEPARTMENT of  
ECONOMIC OPPORTUNITY**

**Tier One Examination  
Employee's Certification of Exam Conditions**

Exam Taker's Printed Name	
Date of exam	

Please review the statements below with the exam administrator. Check each box to indicate that you understand each statement and sign the bottom of the form. If you do not understand the statements, inform the exam administrator so he/she can explain it to you. Each statement is related to the validity and reliability of the exam. If the test is not administered properly, the test will not be held to the highest validity and reliability standards.

Check each box to indicate you understand the statement.

<input type="checkbox"/>	I understand that I must use my own user name and password combination to access the Adobe Connect system to complete the Tier One Exam.
<input type="checkbox"/>	I understand that I cannot refer to any printed or electronic materials during the completion of the exam.
<input type="checkbox"/>	I understand that if I do not pass the exam, I will be provided a second opportunity to study the materials and take the test again. I will receive two opportunities to try and pass the Tier One exam. I may not get the same test form.
<input type="checkbox"/>	I understand that failure to maintain confidentiality of the exam or failure to complete the exam without unauthorized aids (not including aids for individuals with disabilities) may lead to disciplinary action, up to or including dismissal from employment.

Signature		Date
Test Taker		
Exam Administrator		