## **ONLINE EXAMINATION REQUEST FORM**



	E <u>MONDAY – FRIDAY, 8:00 – 4:00 EST</u> . BLE DURING OFFICE HOURS R ADVANCED <i>.fst®</i> AND BASICS <i>.fst®</i> .	EXAMINATION REQUEST – TYPE OF EXAM				
DATE EXAMS REQUESTED	EXAMINATION DATE & TIME	LOCATION OF EXAM (CITY, PROVINCE)				
PROCTOR OR TRAINER NAME	PROCTOR OR TRAINER ID	COMPANY				
SIGNATURE OF PROCTOR (verification th		accurate) EMAIL ADDRESS				
SECTION 2 – EXAM LOCATION D	<u>ETAILS</u>	Select the box to the left if the exam will be a virtual remote proctoring session.				
CONTACT NAME		Certification Documents				
ADDRESS		After completing the exam, successful students will receive a digital wallet card and certificate in their account where they studied the course.				
CITY, PROVINCE, POSTAL CODE		This can be saved and/or printed for validation of the students Food Handler's Certification.				
PHONE NUMBER						

## **SECTION 3 – STUDENT PIN VERIFICATION**

IMPORTANT: You will NOT be able to access the examination if the student has not completed the online course, or if you have not provided complete details on in class training dates and times. If you need more space than provided below, please include a list along with this request.

STUDENT NAME	PIN	OR	IN-CLASS TRAINING DATE & TIME	RETEST (Y/N)

## PLEASE EMAIL THE COMPLETED FORM TO ORDERDESK@TRAINCAN.COM

TrainCan, Inc. 1840 Clements Road, Suite 100 Pickering, ON L1W 3R8

Phone: 905-420-4222 Toll Free: 1-888-687-8796 Fax: 905-420-8884

EXAM REQUEST RECEIVED: EXAM REPORT GENERATED:   INSTRUCTIONS EMAILED: CERTIFICATION TYPE:   Digital WC & Certificate   INVIGILATOR USERNAME: PORTAL:   INVIGUATOR DASSWORD: FXAM ACCESS DINS2:	FOR TRAINCAN USE ONLY:				
INVIGILATOR USERNAME: PORTAL:	EXAM REQUEST RECEIVED:	EXAM REPORT GENERATED:			
	INSTRUCTIONS EMAILED:	CERTIFICATION TYPE:	Digital	WC & C	Certificate
INVIGILATOR PASSWORD: EXAIVI ACCESS PINST: YES NO	INVIGILATOR USERNAME: INVIGILATOR PASSWORD:	PORTAL: EXAM ACCESS PINS	5?:	YES	NO