



Terms of Service

Agency Name: _____

Administrator Name: _____

Job Title: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I, the undersigned, agree to abide by all the conditions set out by IPMA-HR below and confirm that my continued use of the Online Test Administration Service ("OTAS") is contingent on my compliance with these conditions:

1. **Test Security:** It is the responsibility of the undersigned to keep the login and password information we provide to you to access OTAS secure. It cannot be shared with any other individuals. IPMA-HR needs to be notified when you are no longer the appropriate person to administer online tests.
2. **Public Testing Centers:** If you intend to use a Community College, University or other public testing center for test administration/proctoring, you must inform IPMA-HR to get approval. After approval a meeting must take place between all parties to discuss the process and determine who at the testing center will sign a Limited Access Security Agreement to ensure test security
3. **Data Security:** It is the responsibility of the undersigned to keep all reports and data generated by OTAS private and only share it based on the terms dictated by your organization. Under no circumstances can any information be shared with the individuals having taken or those that will be taking online tests. The only exception, being the score a candidate receives.
4. **Due Diligence:** Even though OTAS implements its own security measures, online testing should not be conducted without the vigilance of an administrator and proctor (when appropriate) present during the administration process.
5. **TSA Signer:** I am a current Test Security Agreement signer and thus have agreed to IPMA-HR's general test security principles.
6. **Testing Outside of Normal Business Hours:** If you are planning on testing on the weekends or outside of normal business hours, you must inform IPMA-HR to get approval. IPMA-HR will need to make sure that technical support is available during your test administration.
7. **Group Test Codes:** By signing this document, you agree to never generate group test codes as they can heighten the risk of candidates cheating on the exam.

I understand that if I or any other employee of my agency violates any portion of this agreement that IPMA-HR retains the right to terminate this agreement and withhold or recall all OTAS privileges if it believes the terms and conditions of this agreement are being or have been violated.

Signature: _____ Date: _____

Return this form by e-mail to assessment@ipma-hr.org or by fax to (703) 684-0948.