



Acknowledgment and Consent for Examinees Registered through their Institutions

I hereby consent for my score on the NP-PA Exam to be aggregated with the scores of the other examinees and sent to my Institution.

I understand my individual score will only be included in an aggregate manner, ensuring its anonymity when shared with the Institution.

I understand that aggregate data will only be disclosed if there's a minimum of five (5) examinees from my Institution to ensure anonymity.

I further understand that the intention behind sharing this data is solely for evaluation and improvement, ensuring no individual can be specifically identified.

I, _____, an examinee of _____ (Institution Name) agree that by signing below I acknowledge and agree that I have completely read and fully understand the above terms and agree to be bound thereby. I hereby release any and all claims against ACCF, its successors and assigns.

Signature

Name

Institution

Date

Institution/Hospital Name