

Appendix G

Request for Foreign Language Translation

Please fill out all of the information below.

This form will be returned to you to complete in the event of any missing information.



Examinee Information

Examinee name

Date of birth

Email address

Daytime telephone

Date of exam (if known)

Date sent to National Restaurant Association



Instructor/Proctor/Organization Information

Name of proctor (if known)

Organization name and address

Proctor contact telephone

Proctor email address

Contact telephone (if different from the proctor)



Translator Guidelines

	Agree	Disagree
• You will administer the exam in a separate room, free from distraction.	<input type="checkbox"/>	<input type="checkbox"/>
• You are not a Certified Food Protection Manager nor have any vested interest in food protection.	<input type="checkbox"/>	<input type="checkbox"/>
• You will not provide cues to the examinee(s) or answer questions during the administration of the exam.	<input type="checkbox"/>	<input type="checkbox"/>
• You have no personal relationship with the examinee.	<input type="checkbox"/>	<input type="checkbox"/>
• You have read and signed the Translator Nondisclosure & Confidentiality Agreement (next page).	<input type="checkbox"/>	<input type="checkbox"/>
• You have provided references or other proof verifying your translation experience.	<input type="checkbox"/>	<input type="checkbox"/>



Translator Nondisclosure & Confidentiality Agreement

This translator Nondisclosure and Confidentiality Agreement (hereafter “Agreement”) is made on this date, as listed below, by translator and between National Restaurant Association Solutions, LLC.

The content reviewed is considered privileged and strictly confidential information. All information will be considered proprietary and confidential information and will be held in strictest confidentiality and by all participants who will be held liable for any breach of this Agreement.

This Agreement shall be governed by, construed in accordance with, and enforced solely in the State of Illinois. Each party agrees any claim or action relating to the Agreement shall be commenced exclusively in an appropriate court in the State of Illinois and each party waives any objection to personal jurisdiction in such court the party may otherwise have.

The parties agree that this Agreement shall be interpreted and enforced according to the State of Illinois. That the Agreement represents the entire Agreement between the parties and supersedes any prior oral or written agreement, understanding or communication on the subject matter. The provisions hereof shall be binding upon and inure to the benefit of the parties and their successors.



Translator

Translated by _____

Translator signature _____

Date _____

Translator title _____

Email address _____

Telephone number _____

INTERNAL USE ONLY - NRA SOLUTIONS

Date request received: _____

Reviewed by: _____

Reviewer title: _____

Reviewer signature: _____

Complete

Incomplete

Approved

Not Approved