QUESTION/COMMENT FORM
NCCER Testing System

IDENTIFY TEST TAKER
Test Taker Name: ___________________________ Test Taker NCCER Card #: ____________
Test Title: ___________________________________________ Test Date: ________________

QUESTION NUMBER
Please write the test question number that you are commenting on in the box: 

COMMENTS
☐ No correct answer
☐ Incorrect or missing graphic
☐ Not enough information to arrive at an answer
☐ Question did not display properly
☐ More than one correct answer (indicate which answers you think are correct in the description below)
☐ Other (describe the problem below)

DESCRIPTION
Please describe in detail your concern with this question:

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PROCTOR
Proctor Name: ___________________________ NCCER Card #: __________________
Testing Location: ___________________________ Date Comment Recorded: ________________

Instructions: Please enter the candidate question or challenge, including the presented question number, as a Test Taker Comment in the Irregularity Report for the Test Taker’s test delivery. For detailed directions on how to log a Test Taker Comment, please refer to the How To Guides on support.nccer.org.

TO MAINTAIN THE INTEGRITY OF NCCER TESTS, YOU MUST SHRED THIS PAPER AFTER SUBMISSION HAS BEEN CONFIRMED.