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# CGFNS Examination Irregularity Report

Examination date: \_\_\_\_\_ Center name / number: \_\_\_\_\_

Site name and room name / number: \_\_\_\_\_

Manager / Chief Proctor signature and title: \_\_\_\_\_

**SUMMARY:** PLEASE CHECK ONE

- There were no irregularities this exam administration
- There were irregularities in the \_\_\_\_\_ AM \_\_\_\_\_ PM

**MORNING SESSION EVENTS**

AM Registration:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AM Nursing materials:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AM Exam environment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AM Observation notices / Examinee unusual events:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments / events:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFTERNOON SESSION EVENTS**

PM Registration:

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PM Nursing materials:

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PM Exam environment:

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PM Observation notices / Examinee unusual events:

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Other comments / events:

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