



Testing Center Approval Application



Person Submitting This Application: _____ Phone: _____

Email: _____ Date: _____

Testing Center Owner: _____

Testing Center Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____ Website: _____

___ Yes...I have attached a rough room diagram showing windows, doors and room configuration.

	Yes	No	N/A
Is this location accessible via public transportation?			
Free Parking?			
Paid Parking?			
Windows?			
Are washrooms available?			
Heating and air conditioning controls accessible?			
Quiet location?			
Room lighting sufficient?			
Clock visible to all students?			
Proctors seat has view of all students?			
Location has a fire alarm and suitable fire exits?			
Is the location wheel chair accessible?			
Stairs?			
Elevator Access?			
Basement Location?			
Ground floor access with ramp?			

Room Size? (square feet)	
Number of desk/tables	
Number of seats per desk/table	
Table details (desk, board room table, seminar tables etc)	
Number of exit doors?	

Submit to: Course Administration, TrainCan, Inc. mfarache@traincan.com fax: 416 646 0877
85 Scarsdale Road, #101, Toronto, ON, M3B 2R2 Phone: 416 447 9588 www.traincan.com

Office Use only: Evaluated By: _____ Date: _____
Approved: Yes No Date of Last Review: _____
Notes: _____
