ALL PRACTICALS MUST HAVE A SIGNATURE

Emergency Medical Responder / EMT Basic Practical Skills Examination Site Summary

Institutions Name: <u>Example Tech.</u> Center

Course Number: 00000

Date of Exam: ____00/00/0000

Type or print clearly and list alphabetically

Candidates Name (Last, First)	Social Security #	PASS	FAIL
Doe, John J.	XXX-XX-XXXX	Х	
Smith, John J.	XXX-XX-XXXX		Х

I attest the above information is true and accurate.

Signature~~~~~~~~~~~~~~~~~~~~~

00/00/0000

Training Program Coordinator's Name and Signature



Date