

Course No.

Certified Instructor/Coordinator \_\_\_\_\_

Practical Exam Coordinator \_\_\_\_\_

Practical Exam Date  
       
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Course Location \_\_\_\_\_

CIC Signature \_\_\_\_\_

PEC Signature \_\_\_\_\_

Station																									
Evaluator																									
Student's Name		1st Retest	2nd Retest		1st Retest	2nd Retest		1st Retest	2nd Retest		1st Retest	2nd Retest		1st Retest	2nd Retest		1st Retest	2nd Retest		1st Retest	2nd Retest	Final Result			
P = Pass F = Fail	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	Pass	Fail	
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Student's Name			1st Retest	2nd Retest			1st Retest	2nd Retest			1st Retest	2nd Retest			1st Retest	2nd Retest			1st Retest	2nd Retest			Final Result		
P = Pass F = Fail	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	Pass	Fail	
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