

# Skill Verification Documentation

## CTE Skill Certificate Program

A separate packet **MUST** be submitted for each class.

**Packets missing information, not signed, or submitted counter to directions will not be considered.**

Test Name: Pharmacy Technician PTCB Exam Test #: 972

Instructor's Name: Test Date: Class period:

School: District:

# Students in course: # Students tested: # Students passed:

**To verify results for this test, the following must be included:**

1. Required Skill Verification Documentation Sheet
2. Copy of the YouScience Skill Certificate Industry Test Report
3. Documentation of score from Pharmacy Technician Certification Board (alphabetized)  
or  
Copy of DOPL license (alphabetized)

**Please remember, a separate packet MUST be submitted for each class.**

Documentation must be reviewed by CTE Director.

*I verify that the attached information includes the required information for the specific course above.*

CTE Director's Signature:

Date:

