

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: **Emergency Medical Responder** Test #: **975**

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 from American Red Cross Emergency Medical Response ALL four components**

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:

