

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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