ALL PRACTICALS MUST HAVE A SIGNATURE

Emergency Medical Responder / EMT Basic
Practical Skills Examination
Site Summary

Institutions Name: Example Tech. 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	X	
Smith, John J.	XXX-XX-XXXX		X

I attest the above information is true and accurate.

Signature~~~~~~~~~~~~~~~~~~~~ 00/00/0000

Training Program Coordinator's Name and Signature Date

Oklahoma State Department of Health