

# 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: Dental Assistant: Dental Science IV - BM 4 (Externship) Test #: 723

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. Copy of completed externship form for each student.  
(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:

