

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: Food Handler's Permit Test #: 936

Instructor's Name Test Date:

School: District:

Class period: # Students in course: # Students tested:

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

Required Skill Verification Documentation Sheet

Copy of the YouScience Skill Certificate Industry Test Report

Official copy of County Health Department generated list of students issued food handler's permits

OR

Copy of Food Handler's Permit Card (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:

