## **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:	Surgical Technician		Test #: 976
Instructor's Nam	ne:	Test Date:	Class period:
School:		District:	
# Students in co	urse: # S	tudents 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 of course completion (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:

Learning that works for Utah

ADA Compliant: October 2023