

Examination Summary Score Sheet

**** A SCORE OF 75 OR BETTER IS REQUIRED FOR PASSING.**

Host Chapter/Site: _____

Examination Date: _____

| Candidate Name | Evaluator 1 | Evaluator 2 | Evaluator 3 | Total Points | Average Points | Exam Level | **Pass/Fail | Member ID # | Member Phone # |
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Please make sure all fields above are completed.

Evaluator's Verification Signatures

Evaluator 1:

 Printed Name/Certification Level Signature Member Number

Evaluator 2:

 Printed Name/Certification Level Signature Member Number

Evaluator 3:

 Printed Name/Certification Level Signature Member Number

Acknowledgement

To the best of my knowledge, all of the information in this document is true and accurate. The above listed examinations were conducted in strict compliance as specified in the ACF Certification Practical Testing Guide.

 Signature of Test Administrator Date Member Number

Approved Certification Evaluator Apprentices:

Apprentice 1:

 Printed Name/Certification Level Member Number

Apprentice 2:

 Printed Name/Certification Level Member Number