

ONLINE TESTING ROSTER AND iPad CHECK-OUT/CHECK-IN

Lead Tester Name: _____	Exam Date: _____
Certification Exam Level: _____	Exam #: _____

Host Department Name: _____

Candidates must sign their full name, write their birthdate or PID number, and identify if the candidate is checking out an iPad and document what number.

	Candidate Full Name (First, Middle Initial, Last)	Birthdate or PID number	Primary Department	iPad #	Candidate Signature/Initials	Tester Initials for Picture ID Verified
1				#_____		
2				#_____		
3				#_____		
4				#_____		
5				#_____		
6				#_____		
7				#_____		
8				#_____		
9				#_____		
10				#_____		
11				#_____		
12				#_____		
13				#_____		

14				#_____		
15				#_____		
16				#_____		
17				#_____		
18				#_____		
19				#_____		
20				#_____		
21				#_____		
22				#_____		
23				#_____		
24				#_____		
25				#_____		

Other description: