

STUDENT VERIFICATION REPORT

ADVANCED.fst® ___
BASICS.fst® ___

Location: _____

Date: _____

Time: _____

STUDENT NAME (print)	STUDENT SIGNATURE	PHOTO ID	OTHER	EXAM RETURN	SCANTRON RETURN



TRAINCAN, Inc. reserves the right to release exam results to Public Health Departments on their request, to meet National, Provincial and Municipal requirements.

Trainer Name: _____ Signature: _____