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| Insert  School Board  Logo | *Program Name Certificate Type Certificate Code* | |
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| **Practical Knowledge Examination**  ***X*. *Title of Competency***  ***XXX-XXX***  **Version *X*** | |
|  | |
| Candidate’s Booklet | |
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| Candidate’s Name:  Centre:  Permanent Code:  Date: | |  | |
| **Decision Form Space Reserved for the Examiner** | | | |
| Time Recorded:  Candidate's Result:  Date of Correction: | |  | ¨ ¨  PASS FAIL |
| Examiner’s Signature: | | | |
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|  | **VOCATIONAL TRAINING** | | |

**1. Instructions and Information for the Candidate**

1.1 The time allotted for this examination is *XX* minutes/hours.

1.2 The use of class notes or other unauthorized material is/is not permitted.

1.3 Speaking or communicating with another candidate is not permitted.

1.4 Complete the identification section on the cover page of this booklet.

1.5 Hand in the *Candidate’s Booklet* to the examiner at the end of the examination.

**2. Marking Information**

2.1 The Minimum Performance Standard is *XX* out of 100 marks.

2.2 The requirements for each criterion are listed below:

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| --- | --- |
| 1. *Element of the Competency* | |
| Criterion 1.1:  **Requirement: x correct answers out of x for Questions x** | **0 / *XX*** |
| Criterion 1.2:  **Requirement: x correct answers out of x for Question x** | **0 / *XX*** |
| 2. *Element of the Competency* | |
| Criterion 2.1:  **Requirement: x correct answers out of x for Question x** | **0 / *XX*** |
| 3. *Element of the Competency* | |
| Criterion 3.1:  **Requirement: Successful completion of Question x** | **0 / *XX*** |

2.3 In the event of a failure, you must complete a different version of examination.

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| **Clinical Situation 1** |

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| **Question 1**  Circle the letter corresponding to the correct answer.  A.  B.  C.  D. | Space reserved  for the  examiner  Yes No q q  (\_.\_) |
| **Question 2**  Circle the letter corresponding to the correct answer.  A.  B.  C.  D. | Yes No q q  (\_.\_) |

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| **Question 3**  1.  2.  3.  4.  Circle the letter corresponding to the correct answer.  A.  B.  C.  D. | Yes No q q  (\_.\_) |
| **Question 4**  Write your answer in the space provided. | Yes No q q  (\_.\_) |

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| **Question 5**  Write your answer in the space provided.  A.  B.  C.  D.  E. | | Yes No q q  (\_.\_) |
| **Question 6** | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1.  2.  3.  4. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  A.  B.  C.  D.  E. |  |
| Circle the letters corresponding to the correct answers.  1. (\_\_\_\_\_) 2. (\_\_\_\_\_) 3. (\_\_\_\_\_) 4. (\_\_\_\_\_) | | Yes No q q  (\_.\_) |