***Program Name / Certificate Type Certificate Code***

***Competency Title* (Competency *X*) *XXX-XXX***

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| Observation Checklist |

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| In the spaces provided, check off each behavior that the candidate demonstrates. | Names of Candidates | | | | | | | | | |
| ATTITUDES  Examiner: Date: |  |  |  |  |  |  |  |  |  |  | |
| **\_\_\_\_\_\_\_ Phase** |  |  |  |  |  |  |  |  |  |  | |
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**Note for the Examiner:** Record the results on each candidate’s *Evaluation Form.*