



# COGNITIVE EXAM ATTENDANCE SHEET

State Form 45749 (R3 / 1-14)

*\*If hosting a specific course's students, please fill in the course information below.*

Name of instructor	Course number
Name of training institution	

**INSTRUCTIONS:** All students who take a state exam must sign in and out in order to complete testing.

Test site	Proctor	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
-----------	---------	------	---

PRINTED NAME	PSID	SIGNATURE	ID VERIFIED (Please check)	TIME IN	TIME OUT	PROCTOR INITIALS
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.						
26.						