

Life Support Technician

Candidate Name:		Date:	
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Activity Number (1,2, or 3):	
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Decision & Feedback (please use a separate document if more space is required)

Has the candidate demonstrated competence in this activity? (yes/no)	
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Has the candidate now demonstrated competence in three activities? (yes/no)	
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Please specify the reasons for your decision:	
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Summary of further action for the candidate:	
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Candidates comments:	
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Candidate name:		Date:	
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Assessor name:		Date:	
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