**Exam Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Instructions to examiners:*** please mark each appropriate box below with ‘X’.

\*If recommending these recordings for training purposes, please put a P for Pass, B for Borderline, F for Fail in the yes box under “Save MP3 file”.

\*If recommending one recording, please indicate name of examiner/client in the Notes section below.

Please fax completed form to CTI: Certification at 415-472-1204 or email to [oralexam@coactive.com](mailto:oralexam@coactive.com) immediately following the exam.

Top of Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Exam Team** | **Participants** | **Examiners** | **Award CPCC?** | | **Reviewer (when CPCC is not awarded)** | **Save MP3 file?\*** | **Flag for Future Faculty Role?** |
|  |  |  | **Yes** | **No** |  | **Yes** | **Yes** |
| **A** |  |  |  |  |  |  |  |
| **A** |  |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |  |

**Specific Notes/Feedback to CTI (note that specific notes for reviewer are to be posted on individual score sheets):**

**Naming Convention for the individual score sheet is as follows: Last First PodName Exam Examiner Last Name**

* **eg: Jane Smith of the Trophy Pod examined by Jim Brown would be named as follows:**

**Smith Jane Trophy Exam Brown**