

**Skill Candidate:** \_\_\_\_\_

**Skill Examiner:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Testing Location:** \_\_\_\_\_

**On this date/time, I was the testing candidate for the above examination. The above candidate was unsuccessful in this station due to the reason/s documented below.**

(Please check all that apply.)

Equipment Malfunction / Absence

Irregular Evaluator Behavior

Inappropriate Testing Environment

Station Interruption

Irregular EMR Partner / Sim Patient Behavior

Other

**Summary of Events:**

(Please use the back of this form or attach additional documents if necessary.)

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Summary of Quality Assurance Committee (QAC) findings and resultant outcomes:**

(Please use the back of this form or attach additional documents if necessary.)

**Examination Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_