

NCPC Witness Testimony Record

Unit(s) and Element(s) # and Title: _____

Candidate Name: _____ Assessor Name: _____

| Performance Criteria | Performance Description by Witness | Assessor Completes | |
|----------------------|------------------------------------|--------------------|----|
| | | Meets Criteria | |
| | | Yes | No |
| | | | |

Witness Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

Assessor's Signature: _____ Date: _____