

**State of New Hampshire**  
**Department of Safety**  
**Division of Fire Standards and Training & Emergency Medical Services**

**BLS Practical Examination**  
**Exam Coordinator / Site Coordinator Acknowledgment**

DATE: \_\_\_\_\_

SITE COORDINATOR: \_\_\_\_\_

EXAM COORDINATOR: \_\_\_\_\_

EXAM LOCATION: \_\_\_\_\_

START TIME: \_\_\_\_\_

The following BLS Exam Evaluator has notified me that they will be late, by less than 30 minutes, to the practical exam on \_\_\_\_\_ (date).

They are assigned to the following station:

Evaluator Name: \_\_\_\_\_ Station Assignment: \_\_\_\_\_

The above stated Evaluator has been told to check in with me (Site Coordinator) and I will make sure they are brought to you (Exam Coordinator) **BEFORE** they can be sent to the assigned station. At no time will the station listed above be opened for testing until the Primary or Assistant Exam Coordinator has reviewed the instructions for the exam with the Evaluator, reviewed the station they have been assigned to, and verified that the station is ready for testing.

***I acknowledge and understand my responsibility to this process,***

**Site Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Submit this form to the Exam Coordinator when they arrive at the exam site)

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**Exam Evaluator Acknowledgement:**

*I have reviewed and understand the "BLS Practical Examination Evaluator Instructions" and will review the specific Evaluator Instructions in the assigned station, before I open the station for testing \_\_\_\_\_ (initial/date)*