



## APPRENTICE PROGRAM ACTIVITIES

Complete this section

<b>Name</b>	
<b>Address</b>	
<b>City, State, ZIP</b>	
<b>Telephone</b>	
<b>Email</b>	

Use one line of the form below for each activity completed. For example, if you are the Line Expert for two UBT 2 tests and Apprentice Judge of one UBT 1 test, you would use three lines of the form below.

Date	Location of Test	Test	Your Role	Name of Presiding Judge
		<input type="checkbox"/> UBT 1 <input type="checkbox"/> UBT 2 <input type="checkbox"/> UBT OL <input type="checkbox"/> UBT 3	<input type="checkbox"/> Assisted <input type="checkbox"/> Line Expert <input type="checkbox"/> Gave Critique <input type="checkbox"/> Conducted Whole Test	
		<input type="checkbox"/> UBT 1 <input type="checkbox"/> UBT 2 <input type="checkbox"/> UBT OL <input type="checkbox"/> UBT 3	<input type="checkbox"/> Assisted <input type="checkbox"/> Line Expert <input type="checkbox"/> Gave Critique <input type="checkbox"/> Conducted Whole Test	
		<input type="checkbox"/> UBT 1 <input type="checkbox"/> UBT 2 <input type="checkbox"/> UBT OL <input type="checkbox"/> UBT 3	<input type="checkbox"/> Assisted <input type="checkbox"/> Line Expert <input type="checkbox"/> Gave Critique <input type="checkbox"/> Conducted Whole Test	
		<input type="checkbox"/> UBT 1 <input type="checkbox"/> UBT 2 <input type="checkbox"/> UBT OL <input type="checkbox"/> UBT 3	<input type="checkbox"/> Assisted <input type="checkbox"/> Line Expert <input type="checkbox"/> Gave Critique <input type="checkbox"/> Conducted Whole Test	
		<input type="checkbox"/> UBT 1 <input type="checkbox"/> UBT 2 <input type="checkbox"/> UBT OL <input type="checkbox"/> UBT 3	<input type="checkbox"/> Assisted <input type="checkbox"/> Line Expert <input type="checkbox"/> Gave Critique <input type="checkbox"/> Conducted Whole Test	
		<input type="checkbox"/> UBT 1 <input type="checkbox"/> UBT 2 <input type="checkbox"/> UBT OL <input type="checkbox"/> UBT 3	<input type="checkbox"/> Assisted <input type="checkbox"/> Line Expert <input type="checkbox"/> Gave Critique <input type="checkbox"/> Conducted Whole Test	
		<input type="checkbox"/> UBT 1 <input type="checkbox"/> UBT 2 <input type="checkbox"/> UBT OL <input type="checkbox"/> UBT 3	<input type="checkbox"/> Assisted <input type="checkbox"/> Line Expert <input type="checkbox"/> Gave Critique <input type="checkbox"/> Conducted Whole Test	