SPECIALTY EXAMINATION PERFORMANCE

Name: _____________________________ ID number___________________

Date of Exam: Written: ________________
Oral: ________________

* Specialty Committee:

RECOMMENDATION OF COMMITTEE
(check ‘pass’ or ‘fail’ next to your name)

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<tbody>
<tr>
<td>Pass</td>
<td>Fail</td>
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1. _______________________
   Chairman
   (sign and print name)

2. _______________________
   (sign and print name)

3. _______________________
   (sign and print name)

REMARKS:

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