

AAI Segmented Exam Sign-In Sheet

State Association/Sponsor: _____ Test Administrator: _____ Location: _____
 (Full Name) (City & State)

Exam Date: _____

- Print this sign-in sheet prior to administering examinations.
- All candidates must sign in and complete the required information.
- Email the completed sign-in sheet(s), to Assessments@TheInstitutes.org immediately after testing is complete.

Please Print Clearly		Course & Exam	Start Time	End Time	Examinee's Signature (Candidate Must Sign)
Last Name	First Name				
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					