

SELF-STUDY COMPLETION/AGREEMENT FORM – BLOCK/LEVEL EXAMS (BE/LE)

Please place a **checkmark (✓)** next to each task that is required to complete, in the checkmark column, when the task has been finalized.

TASKS TO BE COMPLETED WHILE TAKING PART IN THE SELF STUDY PROGRAM	(✓)
1) The highlighted Exam Results Breakdown has been reviewed and used as a guide.	
2) Plan of Training: https://www.gov.nl.ca/atcd/designated-trades/pots-aacs/plans-of-training-pot/ has been reviewed.	
3) The Learning Objectives contained in the course outlines have been used as a checklist for what needs to be studied.	
4) The memorization technique, discussed during the counselling session, has been applied to my studies for procedural topics that involve steps and/or lists.	
5) The Block Exam Study Guide has been reviewed.	
6) The Study Strategies and Exam Preparation Guide has been reviewed.	
7) I have created a weekly Study Plan Time Table to help with organization.	
8) I have used the proper study methods recommended for each of the three types of questions possibly contained on the exam → <u>(Level 1–Knowledge/Recall; Level 2–Mathematical/Procedural; Level 3–Problem Solving/Critical Thinking)</u> .	
9) If applicable, code books; diagram booklets and/or formulas have been heavily reviewed and practiced.	
10) Sample questions from the Exam Bank website have been observed.	
11) I explored all other links that were presented in the documentation emailed to me.	
12) Agreement has been signed, dated and returned to ATCD to the attention of <i>Jackie Simms, PDS, via email at selfstudyplan@gov.nl.ca</i>	

****NOTE: AGREEMENT CAN'T BE FAXED****

I understand I have a minimum of 30 days and maximum of 90 days to complete Apprenticeship and Trades Certification's (ATCD) Self-Study Program.

Furthermore I am aware that exam re-writes *will only be granted after the 30 day waiting period has passed, AND* a Self-Study Completion/Agreement form is submitted to the Self-Study Program for approval.

I have been informed that once the Self-Study Completion/Agreement form is submitted, it will be reviewed within a reasonable time frame. I will be notified of approval, by email, to then register for the re-write. Instructions on how to schedule my exam re-write with ATCD's Block Exam Coordinator is included in the email.

SIGN Name: _____ PRINT Name _____	Date Agreement Signed (YYYY/MM/DD): _____
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OFFICE USE ONLY

Signature: _____	Date Agreement Received: (YYYY/MM/DD): _____
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