

# PSPA CANDIDATE CERTIFIED CLINIC SIGN IN

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Send completed forms to Dave Hill: [secretary@pspa.org](mailto:secretary@pspa.org) or 2 Salt Meadow, Hampton, NH 03842

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Examiners: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Area: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

E-mail: \_\_\_\_\_ Status: \_\_\_\_\_

Comments:

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Comments: