



Applicant Evaluation Form

**Entertainment Technician
Certification Program**

**Only to be completed if the Applicant is using Apprenticeship or Internship experience
as part of their work experience requirement.**

Please submit this form and related materials directly to:

**Entertainment Technician Certification Program (ETCP)
630 Ninth Avenue, Suite 609, New York, NY 10036**

A completed Evaluation Form is required for individuals applying for the ETCP Certification Examination who wish to use Apprenticeship or Internship experience as part of their work experience requirement. Completed forms must be submitted directly to ETCP.

Candidate's Name: _____

Evaluator's Name: _____

Position: _____ Organization: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Direct Telephone Number: _____

Fax Number: _____ Email: _____

What is/was your professional relationship to the candidate?

Dates of Apprenticeship of Internship: From _____ to _____

Total number of hours of Apprenticeship/Internship devoted to electrical work: _____
(e.g., 2,000 hours is 40 hours per week for 1 year)

Appraisal of Applicant:

To properly identify the candidate's experience in electrical work, please appraise the applicant's level of skill in each of the listed areas. Please indicate below satisfactory or unsatisfactory performance, or those areas you have not personally observed. All areas must be observed and marked satisfactory by the supervisor for the application to be considered. Because applicants deserve feedback and recommendations for resolution if they are ineligible to take the examination, we may need to notify the applicant of the specific deficiency you identify.

	Satisfactory	Unsatisfactory	Not Observed
Applying electrical concepts and formulas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting up and operating luminaires, consoles and other equipment utilizing electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installing cable and wire between the dimmer bank or distribution panel and the equipment utilizing electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting up and operating portable dimmer racks and distribution panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designing and installing portable power feeder systems to building disconnects and generators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below, continuing on the other side of this page or additional sheets as needed, for other comments that would help the ETCP evaluate the applicant.

Evaluator's Signature: _____ Date: _____