

## Confirmation of marksheets checks

This must be completed for each exam day

Date:

Hospital & Centre:

By signing this document you confirm that Host and administrator have:

- checked that all parts that are filled in by the candidates (the administrator should assist the candidates to fill in the RCP code, exam number and centre number, including any leading zeros) – are they complete and correct?
- checked that all marksheets for any errors listed out in the examiner error PDF sheet
- checked that all lozenges have been shaded correctly with a 2B black pencil

Once the examination has finished, please scan and send these along with the other post exam documents.

HOST Name: .....

HOST Signature: .....

ADMINISTRATOR Name: .....

ADMINISTRATOR Signature: .....