



Sample: Pilot Test Form

This form should be completed by all individuals participating in the pilot test.



Pilot Test Form

Sponsor Name: _____
Course Name: _____
Your Name: _____
Your Employer: _____

Your level of knowledge or expertise in this subject area:

1. Extensive 2. Above Average 3. Average 4. Little 5. None

Total time, in minutes, it took me to complete this course: _____

Documentation should be attached, on a sponsor-supplied form, to support this number.

By signing my name below, I state that I am independent of the group that developed this particular course. The sponsor did not notify me in advance of the proposed completion time. I am also including a one-page resume which supports my qualifications for selection as a participant in the pilot testing for this course.

CPA License Number: _____

State of License Number: _____

License Status: _____

Telephone Number: _____

Signature: _____

Printed/Typed Name: _____

Date: _____