Instructor's Checklist for PRTC Documents
Please return relevant documents to the PRTC in this envelope

Instructor: _____

Course Name & Number: _____

All Users:

☐ Faculty Registration Form (enclosed)

☐ Copy of classlist

☐ Copy of syllabus

☐ PRTC Orientation Tour Booked

_____
(Date of Tour)

_____
(Time of Tour)

Test Library Users:

☐ List of test titles

Video Therapy Room Users:

☐ Block Booking Request Form (enclosed)