|  |  |
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| Intitulé du stage : SSIAP 1 | Stagiaire : Loison Remuald |
| Lieu de stage : A distance | |
| Dates du stage: Du 07-09-2020 au 16-10-2020 | Durée du stage : 30 J/ 90 H |

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| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 07-09-2020 | 3 | 10:00 - 13:00 |  |
| 08-09-2020 | 3 | 10:00 - 13:00 |  |
| 09-09-2020 | 3 | 10:00 - 13:00 |  |
| 10-09-2020 | 3 | 10:00 - 13:00 |  |
| 11-09-2020 | 3 | 10:00 - 13:00 |  |
| 14-09-2020 | 3 | 10:00 - 13:00 |  |
| 15-09-2020 | 3 | 10:00 - 13:00 |  |
| 16-09-2020 | 3 | 10:00 - 13:00 |  |
| 17-09-2020 | 3 | 10:00 - 13:00 |  |
| 18-09-2020 | 3 | 10:00 - 13:00 |  |
| 21-09-2020 | 3 | 10:00 - 13:00 |  |
| 22-09-2020 | 3 | 10:00 - 13:00 |  |
| 23-09-2020 | 3 | 10:00 - 13:00 |  |
| 24-09-2020 | 3 | 10:00 - 13:00 |  |
| 25-09-2020 | 3 | 10:00 - 13:00 |  |
| 28-09-2020 | 3 | 10:00 - 13:00 |  |
| 29-09-2020 | 3 | 10:00 - 13:00 |  |
| 30-09-2020 | 3 | 10:00 - 13:00 |  |
| 01-10-2020 | 3 | 10:00 - 13:00 |  |
| 02-10-2020 | 3 | 10:00 - 13:00 |  |
| 05-10-2020 | 3 | 10:00 - 13:00 |  |
| 06-10-2020 | 3 | 10:00 - 13:00 |  |
| 07-10-2020 | 3 | 10:00 - 13:00 |  |
| 08-10-2020 | 3 | 10:00 - 13:00 |  |
| 09-10-2020 | 3 | 10:00 - 13:00 |  |
| 12-10-2020 | 3 | 10:00 - 13:00 |  |
| 13-10-2020 | 3 | 10:00 - 13:00 |  |
| 14-10-2020 | 3 | 10:00 - 13:00 |  |
| 15-10-2020 | 3 | 10:00 - 13:00 |  |
| 16-10-2020 | 3 | 10:00 - 13:00 |  |

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|  | J’atteste avoir reçu mon attestation de fin de formation Loison Remuald |

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|  | |  |  | | --- | --- | | **Nom du formateur** | **Signature du formateur** | |  |  | |