

PROFESSIONAL GROWTH TRAINING ROSTER

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COURSE INFORMATION

Title

Location of Training (City)

☐ Attach the name, address, phone number and professional qualifications of each instructor (REQUIRED).

Date of Training

CEU ID Number

Date of CEU Assignment

CEU Assigned

PLEASE DO NOT USE STAPLES

SPONSOR INFORMATION

Sponsoring Organization

Contact Name

Company

Address 1

Address 2

City

State

Zip Code

Email

Phone Number (including area code)

Please list participants in alphabetical order. List everyone who completes the training even if no ID is provided. The waterworks certification number is mandatory in order to record training completion information to the transcripts of certified waterworks operators. If additional space is needed for listing participants, use the [Professional Growth Training Roster Attachment form](#).

Last Name (in alphabetical order)	First Name	Water Certification Number (Mandatory)	CEU Awarded	For Office Use