Logo

Description automatically generated

Training Completion Form

**Training Course:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Complete the fields below to receive a certificate for this course.

|  |  |
| --- | --- |
| Your Information: | |
| Employee Name: | Employee Number: |
| Phone Number: | Work Phone Number: |
| Department: | Facility Name: |
| Supervisor Information: | |
| Name: | Phone Number: |
| Department: | |
| Course Information: | |
| Delivery Type: | Course ID: |

**Course Completion Declaration:**

I understand that required training is an important part of the STARP safety program and that the Supervisor verifies and audits the completion of training. My signature indicates that I personally reviewed and completed all portions of the course provided to me and that no one has completed the course on my behalf.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

**Supervisor Declaration:**

I verify that the employee has completed the required training as per STARP policy

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)