



# CERTIFICATION OF RECEIPT OF TRAINING



Please type the information and print this form. One workshop/event per form. Illegible/incomplete forms cannot be processed. Return the completed and signed form to the Centralized Training Repository-Valle Verde. If you need assistance in completing the form, please call 831-3201.

**Employee Name:**  
**Employee Id Number:**  
**Department:**  
**Phone:**

**Official Title of Training/Workshop/Activity:**

**Description:** (25-50 words)

**Date of Training:**

**Duration:**

**Conducted by:** (please include both company and presenter names if available)

**Type of training:**

Workshop led by presenter/teacher     Private Instruction     Online Workshop     Webinar  
 Other (Please specify)

**Location of Training:**

*Please attach copies of agenda, promotional material or page prints from web site.*

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**Employee Certification:** *I certify I received the training indicated above.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date signed

**Supervisor or Proctor Certification:** *I certify that this training was received by the individual(s) listed above.*

\_\_\_\_\_  
Supervisor/Proctor Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship (Supervisor, Proctor etc.)

Please forward completed form to: Centralized Training Repository, Valle Verde.

Form date: March, 2013