



Continuing Education Training Completion

Name: _____

Card Number: _____

Specific Coursework Title: _____

Completion Certificate: Yes / No = See Attached

Number Hours Classroom Training: _____

Location of Training: _____

Date(s) of Training: _____

Instructor: _____

Signature Instructor: _____

Signature of Member: _____

Date Submitted: _____

Approved by Safety Committee **Date:** _____

Received by JATC **Date:** _____

Received by Union **Date:** _____