Training - Attestation of Understanding and Request for Course Credit

Name:	
Date:	
Course Name or Topic:	
Location/Agency where attended:	
I attest that I,, have review	
this course. If you have questions, please work with your superv	visor to address them or note them
below.	
Please complete option A or B	
A. Three things I learned from this presentation that I did not kn important.	ow before or thought were
1.	
2.	
3.	
OR	
B. Please write a paragraph that describes the information sha	red in the presentation/video,
and what you thought was most important.	
I have a question:	
Please respond to my question by phone: or e	email:
Participant Signature: (legal, written or true electronic only) Date:	
Supervisor Approval:	Date:
Dept. Head Authorization:	Date:

3.2022 mhs

RETURN TO TRAINING OFFICE ATTN: MARI SCHACHT ONCE COMPLETED AND ALL AUTHORIZATIONS ARE IN PLACE... AS ALWAYS KEEP A COPY FOR YOUR RECORDS.

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MDS Executive Director or Designee:	
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•••••	
Relias Updated on Date:	
QCT Signature:	Date: