

Use **blue or black ink** to complete this form.



Print Form

CERTIFICATE OF COMPLETION FORM C-708A Maryland - Individualized Training Verification Form

EMPLOYEE'S NAME: _____ DEPARTMENT: _____
Print name as it appears on Social Security card.

JOB TITLE: _____ FOR: (Person served) _____

The topic section should include a detailed description of contents of the training. Examples of specific information may include theory related to why procedure is done, hands-on demonstration by the instructor, review of proper techniques, employee demonstration of skills, and a list of materials provided to the employee.

TOPIC: _____

DATE: _____ BEGINNING TIME: _____ ENDING TIME: _____ TOTAL HOURS: _____

COMPETENCY ACHIEVED: PASS FAIL

NOTES: _____

I, the **Instructor**, acknowledge that on the above date and time, I provided training to the employee on the above topic(s). I further acknowledge that the employee was afforded the opportunity to ask questions and feedback was provided to clarify the training received. In addition, I provided the employee with information on how to contact me in the event the employee has additional questions.

INSTRUCTOR'S SIGNATURE: _____ DATE: _____

I, the **Employee**, acknowledge that on the above date and time, I attended training referencing the above topic(s) and I understand the information that was presented during the training. In addition, I was provided with the opportunity to ask questions and I was informed on how to contact the instructor in the event that I have additional questions.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

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Note: If this training was indicated due to a **Plan of Correction**, please put an **X** in the box to the left.