



WORKFORCE DEVELOPMENT TRAINING FUND

ON LINE TRAINING ATTENDANCE VERIFICATION

Please have training provider complete this form to indicate the following:

Trainee _____ attended _____
(Print Trainee's Name) *(Training Title)*

that was identified to be an on-line and/or hybrid training event

beginning from _____ to _____.

As a Training Provider, please indicate how you noted participation of trainee, (ie. Log in when participating, submission of modules, other)

Trainer or Event Representative Signature

Title

Organization