

9-2 Completion Form: Level 3 Certifier Academy

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

Certifier:

I have completed the *Level 3 Certifier Academy* phone cohort and 1-day training and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Level 3 Certifier Academy* module, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA

Training Supervisor:

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Level 3 Certifier Academy* module and the competencies listed above.

Date: _____

Signature: _____