



Training Certification Form

Directions: This form is for any staff member that has completed an annual required training through an alternate district. An authorized district representative may validate this form by filling out completely, signing, and returning to Human Resources at CiTi BOCES as indicated below.

Trainee (Staff Member) Name: _____

School District Name: _____

Building Name: _____

PLEASE CHECK & DATE ALL THAT APPLY:

✓	TRAINING	DATE
	Asbestos Awareness (AA)	
	2 Hour Asbestos Awareness (2AA)	
	Bloodborne Pathogens (BBP)	
	Dignity for All Students (DASA)	
	Emergency Mgmt. Initial (EMI)	
	Emergency Mgmt. Refresher (EM)	
	Fire Safety Awareness (FS)	

✓	TRAINING	DATE
	Right to Know (RTK)	
	Sexual Harassment (SH)	
	Violence prevention/ Mental Health	
	Ladder Safety (LS)	
	Personal Protective Equip. (PPE)	
	Other:	
	Other:	

Please accept this as certification that the employee listed above has completed trainings as indicated.

Authorized District Representative: Print: _____

Sign: _____

Date: _____

Return Completed Form to CiTi BOCES Human Resources Office:

Kristen Foland, Assistant Superintendent for Personnel
 179 County Route 64, Mexico, NY 13114
 Email: kfoland@citiboces.org
 Phone: 315-963-4286