

# Training Acknowledgment Form PDF

**Employee Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Training Program:** \_\_\_\_\_

**Trainer Name:** \_\_\_\_\_

**Training Date(s):** \_\_\_\_\_

## **Acknowledgment:**

I, \_\_\_\_\_ (employee name), acknowledge that I have received, participated in, and completed the training session named above. I understand the contents and the requirements set forth by this training.

- I have received the training materials and understand how to apply the training to my job.
- I have been informed of whom to contact if I have questions regarding the training material.
- I understand the consequences of failing to apply the training to my work.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_