UA LOCAL TRAINING CENTER

ATTENDANCE ROSTER

CONTINUING EDUCATION FOR CONTRACTOR COURSES

INSTRUCTOR:	**DATE OF CLASS:**
SPONSORING CONTRACTOR:	**CONTACT PERSON:**
COURSE TITLE/TOPIC:	**PRE-APPROVAL REQUIRED BY TRAINING CENTER** For Training Center Use **ONLY** -
HOURS OF CREDIT:	Date of Approval: Approved By:

LOCATION OF CLASS: _____

I Hereby Certify That the Persons Listed Below Did Infact Attend the Entire Course of Training.

_____ _____

Signature of Instructor or Training Sponsor **Date**

DIRECTIONS

1. PRINT Clearly

2. Record UA Card # Accurately

3. E-mail to journeyman.training@290tech.edu when complete along with any certifications to be added to student files.

FIRST NAME	LAST NAME	UA CARD # (7-digits)