

Child Welfare Training Institute
Michigan Department of Human Services
Training Verification Form



Please print this form when you attend an in-service training for which you do not register directly on JJOLT/OmniTrack Plus (OTP). This form is **not** required for in-service trainings offered by CWTI or trainings for which CE certification is provided. This form must be completely filled out and signed by the trainee, the trainee's supervisor, and the training facility coordinator (TFC). Upon completion of the training, this form must be submitted with proof of training completion to your local office TFC before the TFC documents in-service credit on OTP. Proof of completion may include a certificate of completion issued by the training entity; a copy of the registration along with a copy of the training agenda, training materials, and handouts; or other documentation to verify attendance at the training session.

Trainee Identification and Contact Information

1. Name		2. Employee Number		
3. Position Title		4. Local Office/Agency		
5. Phone		6. Email		
7. Office Mailing Address		8. City		9. Zip Code
		MI		
Training Information				
10. Title of Training				
11. Training Sponsored by				
12. Location		13. City		14. State
				15. Zip Code

I hereby certify that I personally attended _____ hours of the above-named training on _____.
Date(s)

_____ Date
Trainee's Signature

Supervisor Approval of In-Service Credit:

Print Name, Title Signature Date

Training Facility Coordinator Entry of In-Service Credit on JJOLT:

Print Name, Title Signature Date

Evaluation of Training

How well did the facilitator deliver the program material?

Poor Fair Good Very Good Excellent
 1 2 3 4 5 6 7 8 9 10

This training provided me with the knowledge and skills that were identified in the course objectives.

Strongly Disagree Disagree Unclear Agree Strongly Agree
 1 2 3 4 5 6 7 8 9 10

On the back of this form, please provide comments on how you will apply information learned in this training to your job.