



ACCREDITED LEAD TRAINING COURSE

Class List

Course Training Provider:

Course Name:	Course Type:	Course Start Date:	Course End Date:
Worker	Initial		
Supervisor	Refresher		
Inspector	Online or on site:		
Risk Assessor	Online		
Project Designer	On site		

Course Location:

If taught in a language other than English, specify language:

I hereby certify the following students completed the accredited lead training course described above.

Principal Instructor

Date

Class List

Student Name	Last 4 digits of SSN	Certificate Number	Pass / Fail
			Pass Fail
			Pass Fail
			Pass Fail
			Pass Fail
			Pass Fail
			Pass Fail
			Pass Fail
			Pass Fail

*SSN = Social Security Number

