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| **LANE COMMUNITY COLLEGE *SST Group Training & Certification*** | | |
| **Trainer Name:** | **Trainer Department:** | |
| **Training Date(s):** | **Topic:** | |
| **Training Summary** | | |
| **Instructions:** List training tasks, skills, or objectives below. Identify or attach a copy of documentation used for the training. If no documentation is available, create a simple checklist prior to or during training to attach to this form. | | |
| **Task / Skill / Objective** | **Task / Skill / Objective** | |
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| **Certification**  Trainees: Sign below to certify that you have received and successfully completed the above-listed training.  Trainer: Sign below to certify that the trainees listed below are now competent to perform the job specific skills and, where applicable, to have access to live Banner data. | | |
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| **Trainee’s Name** | **Signature** | |
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| **Trainer’s Signature:** | | **Date:** |

Please return completed form to CPDT/POD by campus mail or email to SST@lanecc.edu