

# Training Acknowledgement and Signature Record

Training Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Trainer/Facilitator: \_\_\_\_\_

## Attendee Record

Name	Department/Position	Signature	Date
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

## Acknowledgement

I acknowledge that I have attended the above training and understand the materials provided. I am responsible for applying the knowledge and procedures covered.

## Important Notes

- This document serves as an official record of training participation and receipt of information.
- Each attendee must sign individually to confirm their acknowledgement.
- Keep this record filed for compliance and audit purposes.
- Amendments should be initialed and dated by the attendee and trainer.
- Ensure all required fields are completed and legible.