

Use **blue or black ink** to complete this form.



Print Form

CERTIFICATE OF COMPLETION FORM C-708 Maryland

NAME: _____ DEPARTMENT: _____
Print name as it appears on Social Security card.

JOB TITLE: _____ INSTRUCTOR: _____

COURSE: _____

For Instructor-led training, the following information reflects the date(s) and time(s) that the course participant attended the training. For Self-Directed Learning, the following information reflects the date that the final competency was submitted to the Staff Development Coordinator or designee. If the final competency is successfully completed the date that the final competency was submitted to the Staff Development Coordinator or designee is the date of course completion.

DATE: _____ BEGINNING TIME: _____ ENDING TIME: _____

DATE: _____ BEGINNING TIME: _____ ENDING TIME: _____

DATE: _____ BEGINNING TIME: _____ ENDING TIME: _____

DATE: _____ BEGINNING TIME: _____ ENDING TIME: _____

PASS: _____ FAIL: _____ TOTAL HOURS: _____

The Instructor, Staff Development Coordinator or designee's signature below indicates the date that the certificate of completion was issued to the course participant. If the course participant fails to successfully complete the above listed course, a certificate of completion is not issued. The Instructor, Staff Development Coordinator or designee should sign, date, and note the reason that the course was not completed.

INSTRUCTOR'S SIGNATURE: _____ DATE: _____

NOTES: _____

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Note: If this training was indicated due to a **Plan of Correction**, please put an **X** in the box to the left.