

MSI Training - Group Sign-In Sheet

___ MSI LIVE Training Class

OR

___ MSI On-Line (Learning on Demand) Course

Title: _____

Date: ____ / ____ / 20____

Time: ____:____ am ____:____ pm

Agency (Employer): _____

Department: _____

Supervisor Name: _____ *(*signed below)*

Attended ____ (signed-in) / Supervised ____ / N/A ____

Registered Name (Zoom): _____

Attended ____ (signed-in) / Supervised ____ / N/A ____

*****Email within 24-hours to: Andrea Felip at: afelip@jamontgomery.com*****

	First Name: <i>**Print Clearly**</i>	Last Name: (Suffix) <i>**Print Clearly**</i>	Signature: <i>**Required to Receive Credit**</i>
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I attest the above-listed students attended the entire course and were given the opportunity to ask questions about the material.

* Supervisor/Training Administrator Signature: _____

Phone: (____) _____ - _____

Email Address: _____