

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)*

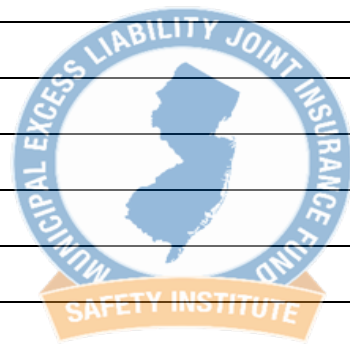
Attended ___ (signed-in) / Supervised ___ / N/A ___

Registered Name (Zoom): _____

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

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

First Name: **Print Clearly**	Last Name: (Suffix) **Print Clearly**	Signature: **Required to Receive Credit**
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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: _____