

TRAINING QUALIFICATION AND EXEMPTION FORM

EMPLOYEE NAME: _____

DEPARTMENT: _____

POSITION/TITLE: _____

ORIGINAL HIRE DATE: _____

With respect to the subject(s) listed below, the Employee is (check all that apply):

- Qualified to teach Exempt from training Exempt from Competency Assessment

List applicable subject(s):

Subject(s) qualification verified by (check all that apply):

- Documented initial training on the task (internal or external training)
- Documented competency for performing the task(s)
- Documented training on the applicable CPI(s) (internal or external training)
- Developed the process(es) and/or wrote the CPI(s)
- Validated the process(es)
- Revised the CPI(s)
- Other _____

Quality Approval of Training Qualification/Exemption:

Initial/Date: _____