



Training Module Form

Employee Name: _____

Name of your Program Manager/ Coordinator: _____

Name of Course: _____

Date Materials Reviewed: _____

Declaration Statement:

I have reviewed the training material for the above mentioned course and I have a complete understanding of the material and how it applies to my position with Mary Centre.

Date of Test: _____

Mark on Test: _____

Employee Signature: _____

Program Manager/Coordinator Signature: _____

Footnote:

Mary Centre will pay a maximum of two hours for taking all Mandatory Trainings on-line or by CD ROM.