



Early Learning Coalition of the Nature Coast
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

TIP Program - Verification of Completed Training Form

(To be used only if a training certificate was not provided)

Name: _____ Social Security Number: _____

Employer: _____ Home Phone Number: _____

Employer's Address: _____

Employer's Phone: _____ County: _____

Training Information

Title of training: _____

Date of training: _____ Number of hours: _____

Agency, organization, or trainer offering the training: _____

I certify that the above-named participant completed the training requirements for this activity.

Trainer Signature

Date

I certify that I have completed the training listed above.

Applicant Signature

Date