

FORM 200

NCCER TRAINING REPORT FORM – INSTRUCTIONS

Complete the top portion of form: Accredited Training Sponsor, Training Unit, Craft Instructor Name and Social Security Number, Performance Evaluator Name and Social Security Number (if different from Instructor), Type of Training (the Type of Training should match the modules reported), and Completion Date (*the Completion Date is the date that will be indicated on all student transcripts*).

***For partial completions or transcripts that are not needed, check the DO NOT SEND CREDENTIALS AT THIS TIME box and no credentials will be sent.**

For each trainee clearly print or type First Name first, followed by the Last Name, and Social Security Number. Be sure this information is accurate and legible.

****Check off the trainee's name in the Release Form column if the trainee has completed and signed the Registration and Release Form. Checking this box is considered confirmation that the Registration and Release Form has been signed and is on file at the Sponsor's office.**

Enter the correct five digit Module ID# and corresponding two digit suffix as found in the NCCER *Contren*® Learning Series catalog. Indicate Pass (P) or the test pass

date for each student tested. If you are using a numeric grading system for written tests, remember a 70% is the minimum-passing grade to receive credit for a module completion. **Please do not report failing grades, only modules with passing grades will receive credit.**

If module requires a Performance Test, the Instructor must indicate Pass (P) or the test pass date in the column provided in order for trainee to receive credit.

Be sure the Instructor, Training Unit Representative (if different), and Sponsor Representative sign and date the bottom of Page 2 before submitting to the NCCER Registry.

For Management Education only, please enter the appropriate module code to signify entire program completion:

- MT100: Introductory Skills for the Crew Leader
- MT200: Project Supervision
- MT300: Project Management

SAMPLE

NOTE: Please Type or Print Legibly • Any inaccuracies on this form will be reflected on student's transcripts and training records.

Training Sponsor: Training Sponsor Company, Inc.		Instructor/Performance Evaluator: Joe Smith		Type of Training: <input type="checkbox"/> Craft/Pipeline/Safety <input type="checkbox"/> Safety Orientation (CSSO) <input type="checkbox"/> Introductory Skills for the Crew Leader (MT100) <input type="checkbox"/> Project Supervision (MT200) <input type="checkbox"/> Project Management (MT300)				Completion Date: 6/23/05		<input type="checkbox"/> DO NOT SEND CREDENTIALS AT THIS TIME.*						
Training Unit: Training Unit; Location #1		SS#: 0 0 1 - 2 3 - 4 5 6 7														
Trainee Name <i>(First Name, Last Name)</i>	Release Form** ✓	Trainee Social Security #:	Trainee Employer:	Employer Zip Code (main or home office)	Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix	
					Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test
John Doe	✓	123 - 56 - 7890	Johnson Construction, Inc.	12345	6-12-04	6-12-04	6-18-04	—	6-22-04	6-25-04						

If you have questions regarding completion of FORM 200, contact the NCCER Registry Department at 352-334-0911 ext. 350/355/320

FORM 200

NCCER TRAINING REPORT FORM

Who Will Use This Form: This form will be completed by NCCER-certified Instructors, and verified by Training Unit Representatives, to report training module completion.

Action: The Training Unit Representative will assure timely completion of all information requested on this form. Forward one copy of the completed form to the Sponsor Representative. The Sponsor Representative will sign and mail or fax one copy to NCCER for processing in the National Training Registry. Accredited Training Sponsors will keep one copy for local reference. Do **NOT** send copies of Tests or Performance Profiles to NCCER. Use page two to report additional training. Form

must be signed by the Instructor, Training Unit Representative, and Sponsor Representative. **Please submit forms in a timely manner.**

For partial completions or transcripts that are not needed, check the **DO NOT SEND CREDENTIALS AT THIS TIME box and no credentials will be sent.*

***Check off the trainee's name in the Release Form column if the trainee has completed and signed the Registration and Release Form. Checking this box is considered confirmation that the Registration and Release Form has been signed and is on file at the Accredited Training Sponsor's office.*

NOTE: Please Type or Print Legibly • Any inaccuracies on this form will be reflected on student's transcripts and training records.

Training Sponsor: Training Unit:	Instructor/Performance Evaluator: SS#: _ _ _ - _ _ - _ _ _ _	Type of Training: <input type="checkbox"/> Craft/Pipeline/Safety <input type="checkbox"/> Safety Orientation (CSSO) <input type="checkbox"/> Introductory Skills for the Crew Leader (MT100) <input type="checkbox"/> Project Supervision (MT200) <input type="checkbox"/> Project Management (MT300)	Completion Date:	<input type="checkbox"/> DO NOT SEND CREDENTIALS AT THIS TIME.*
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Trainee Name <i>(First Name, Last Name)</i>	Release Form** ✓	Trainee Social Security #:	Trainee Employer:	Employer Zip Code (main or home office)	Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix	
					Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test

FORM 200 CONTINUED

NOTE: Please Type or Print Legibly • Any inaccuracies on this form will be reflected on student's transcripts and training records.

Training Sponsor: Training Unit:	Instructor/Performance Evaluator: SS#: _ _ _ - _ _ - _ _ _	Type of Training: <input type="checkbox"/> Craft/Pipeline/Safety <input type="checkbox"/> Safety Orientation (CSSO) <input type="checkbox"/> Introductory Skills for the Crew Leader (MT100) <input type="checkbox"/> Project Supervision (MT200) <input type="checkbox"/> Project Management (MI300)	Completion Date:	<input type="checkbox"/> DO NOT SEND CREDENTIALS AT THIS TIME.*
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Trainee Name <small>(First Name, Last Name)</small>	Release Form** ✓	Trainee Social Security #:	Trainee Employer:	Employer Zip Code <small>(main or home office)</small>	Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix		Mod. # & Suffix	
					Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test	Written Test	Perf. Test

I attest that all of the information reported on this form is true _____
Certified Instructor Signature Date

†Certified Instructor Name *(type or print)* _____ Social Security #: _____

 Training Unit Representative: Name *(type or print)* Signature Date

 Sponsor Representative Name *(type or print)* Signature Date

† For additional instructors attach instructor's name, signature, and social security number on Accredited Training Sponsor letterhead.