

# [Student Name]

has successfully completed

# [Class Type]

[*Trainer Signature*]

Outreach Trainer: [name] Completion Date

As an OSHA Outreach Training Program trainer, I affirm that I have conducted this OSHA Outreach Training Program training class in accordance with OSHA Outreach Training Program requirements. I will document this class to my OSHA Authorizing Training Organization. Upon successful review of my documentation, I will provide each student their course completion card within 90 calendar days of the end of class.

Template provided by

Chabot-Las Positas Community College District OTIEC