

**Oak Ridge Office
Training and Development Group
Self-Certification Form**

By my signature below, I certify that I have:

read the document: _____
(Document Title)

viewed the video: _____
(Video Title)

completed the
computer-based
training: _____
(Course Title)

other: _____
(Description)

I am familiar with its contents and understand my responsibilities described within this material.

Employee Signature

Employee Name (Please Print)

Date

If required:

Supervisor or Qualifying Official Signature

Date

Important Note: This form must be printed and signed.