

**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

Date

Name (Please Print)

If required:

Supervisor or Qualifying Official Signature

Date