ATTACHMENT 3: EDS COURSE/TRAINING PLAN FORM FOR REQUIRED READING	
2011-3	Records Use only

- ▪ **Instructions:** List all required reading that has been completed by the individual. List the date completed for each read and sign at the top of the form.

Project Name:	Date:
Print Name:	Position:
Signature:	Z Number:

By signing this document, I acknowledge that I have read the latest version of required reading and understand the content of documents listed below.

Course Number	Session # (EPTT Use Only)	Required Reading Document Identifier and Title	Date Completed

For Training Use Only	
Entered by:	
Date:	