

Brookhaven National Laboratory/ Photon Sciences Directorate	
<b>Subject:</b>	<b>Photon Sciences Training Roster Form</b>

Prepared and Approved By:	Mary Anne Corwin		
---------------------------	------------------	--	--

Instructions to Trainer: Fill in all fields below. If any fields are incomplete, training will not be entered and the form will be returned to the trainer.

<b>Provide a Training Title or Description for this training:</b>			
Enter the Course Code for this training if it is listed on the following webpage (leave blank if it is not listed) <a href="http://www.bnl.gov/ps/nsls/training/courses/">http://www.bnl.gov/ps/nsls/training/courses/</a>		<b>Course Code Number:</b>	
Enter the SOP or Document Number if this training involves review of a Standard Operating Procedure (SOP) or other Controlled Document		<b>SOP or Document Number:</b>	
<b>Name of Instructor:</b>		<b>Date of Training:</b>	

	<b>Last Name (print)</b>	<b>First Name (print)</b>	<b>Life/Guest Number</b>	<b>Signature</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Instructor's signature certifies attendance and satisfactory completion of course:

Instructor's signature: \_\_\_\_\_

For record entry into BTMS return copy to: Mary Anne Corwin, Bldg. 725D