

Alberta Municipal Health & Safety Association
In-House Training Roster

Trainer's Name: _____ Exam Date: _____
 Course Name: _____
 Email Address: _____ Phone: _____
 Mailing Address: _____

	Full Name (please print clearly)	Email Address	Employer	Mark (%)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

The above have attended the AMHSA In house WHMIS or Flag training and completed the examination with a mark of 80% or better. Only those who have successfully completed the course will receive certification from AMHSA. **This information is confidential and is strictly for AMHSA records only.**

Signature: _____ Date: _____ Page _____ of _____

Scan/Email to: safety@amhsa.net

**TO EXPEDITE RETURN OF CERTIFICATES
PLEASE SUBMIT EVALUATION FORMS ALONG
WITH ROSTERS**

How would you like to receive your In-House Training Records? (Please check only one)

- Instant online access via AMHSA's LMS (within 7 business days of receipt)
- Emailed .pdf copies (within 7 business days of receipt)
- Plastic AMHSA profile card with QR code for reference to all AMHSA training records (Will be sent by Canada Post to the address on the roster within 7 business days of receipt)
- Hard (paper) copy of training certificates (Will be sent by Canada Post to the address on the roster within 7 business days of receipt)

Have further questions about the AMHSA In-House Training program? Please contact safety@amhsa.net or call 587-952-2268

Below is for Office use only

Date Roster Received _____

Date Roster Processed _____

Client Success Associate who processed Certificates: _____

Training Certificates were sent via (Circle or highlight one) a) Trainer was ok with LMS access b) .pdf copies of certificates were emailed c) profile cards were mailed d) paper copies of certificates were mailed