

Skilled Trades TRACK Pre-Apprenticeship Completion Certification

Today's Date _____ **Program Area** _____
First Name _____ **Middle** _____ **Last** _____
State Issued Student ID # _____
Street Address _____
City _____ **State** _____ **Zip** _____
Student Permanent E-mail (not school email) _____
School Name _____
School Street Address _____
City _____ **State** _____ **Zip** _____
Completing Instructor _____
Instructor Phone _____ **Instructor E-mail** _____

List the required core courses that were successfully completed with final grade

**** transcripts or other documentation indicating course completion requirements must be attached ****

Course		Grade	
Course		Grade	
Course		Grade	
Course		Grade	

Is Labor Cabinet ETrain Safety Module Certificates, OSHA 10 or OSHA 30 card on file?

<https://kysafe.ky.gov/programs/training/Pages/etrain.aspx> Click on the green TRACK tab

End of Program Assessment Grade

By my signature below, I attest that the information contained within is accurate and that the above named student has successfully completed the SKILLED TRADES TRACK Pre-Apprenticeship program in accordance with the sponsoring organization's Registered Apprenticeship program and is eligible for the industry certification and accompanying completion certificate

Student Signature

Date

Completing Instructor Signature

Date

Principal Signature

Date

KDE/OCTE Representative

Date

FORM MUST BE UPLOADED TO: TRACK Pre-Apprenticeship Completion site: <https://forms.gle/vY5KU99gxQVYftQR8>

DO NOT COMBINE STUDENT FORMS. FORMS MUST BE UPLOADED INDIVIDUALLY

CERTIFICATE(S) WILL BE RETURNED TO THE SCHOOL AT THE ADDRESS ON RECORD. MAKE A COPY FOR STUDENT FILE AND DISTRIBUTE CERTIFICATE TO STUDENT