## ACCREDITED TRAINING COURSE ROSTER

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| ACCREDITED COURSE NUMBER: | #18-0666 | | | | | | TOTAL HOURS | 3 | |
| COURSE TITLE: | Supervisor Improvement Program – SIP #2 | | | | | | MENTAL HEALTH HOURS | | N/A |
| AGENCY PROVIDING TRAINING: | | | OMAG (Oklahoma Municipal Assurance Group) | | | | | | |
| TRAINING LOCATION(City/Town): | | Yukon, OK | | | DATE(S): | April 23, 2019 | | | |
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| Student (Last, First, MI) PRINT | | | CLEET # | Department | | | Signature | | |  |
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I am attesting to the attendance of these students to the course listed above.

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| Course Instructor Name(PRINT): |  | Signature |  |