



TRACK Pre-Apprenticeship COMPLETION CERTIFICATION

Today's Date: _____ Program Area: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Last four digits of SS# _____
(Permanent email, not student school account)

TRACK program entry date: _____ Completion Date: _____

School: _____

Completing Instructor: _____ Safety Module Certificates on File: _____

Instructor Phone: _____ Instructor Email: _____

To be filled out by employer:

Program Sponsor/Employer: _____

Employer Apprenticeship Coordinator: _____

Coordinator Phone: _____ Coordinator Email: _____

Track Occupation Pathway: _____ Number of on the job hours credited: _____

Will student be placed into a Registered Apprenticeship program? _____

By my signature below, I attest that the information contained within is accurate and that the above named student has successfully completed the TRACK pre-apprenticeship program sponsored by the above named employer and is eligible for the industry certification and accompanying completion certificate.

Signature of Completing Instructor Date: _____

Signature of Principal Date: _____

Signature of Employer or Apprenticeship Coordinator Date: _____

Signature of OCTE Program Coordinator Date: _____

MAIL COMPLETED FORM TO: Mary Taylor, 500 Mero Street, 20th Floor, Capital Plaza Tower Frankfort, KY 40601 or EMAIL to Mary.Taylor@education.ky.gov
ALL COMPLETED CERTIFICATES WILL BE RETURNED TO THE SCHOOL AT THE ADDRESS ON RECORD.