



SKILLED TRADES 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)

School: _____

Address: _____

Completing Instructor: _____ Safety Module Certificates on File: _____

Instructor Phone: _____ Instructor Email: _____

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

Course: _____ Grade: _____*

Course: _____ Grade: _____*

Course: _____ Grade: _____*

Course: _____ Grade: _____*

Safety Module Certificates on file from Labor Cabinet ETrain? _____

End of Program Assessment Grade: _____ * **TRANSCRIPTS MUST BE ATTACHED!**

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 registered with the Kentucky Labor Cabinet and is eligible for the industry certification and accompanying completion certificate.

Signature of Completing Instructor Date: _____

Signature of Principal Date: _____

Signature of OCTE Program Coordinator Date: _____

Signature of Parent or Guardian 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.