



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	

Which safety verification documentation is 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 AND CTE PATHWAY COURSE DOCUMENTATION MUST BE UPLOADED TO: TRACK Pre-Apprenticeship Completion site:

https://staffkyschools.sharepoint.com/sites/kde/TRACK_Forms

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