

TRAINEE PROGRESS REPORT		
Business Name: Click or tap here to enter text.	Report Date: Click or tap to enter a date.	Type of Report: Choose an item.
Authorized Business Representative Signature:		
Authorized Business Representative Name/Title: Click or tap here to enter text.		
Training Course Name: Click or tap here to enter text.	Training Provider: Click or tap here to enter text.	Training Date(s): Click or tap here to enter text.

Last 4 Digits of Social Security #, SCWOS User Name or SCWOS State ID #	NAME (Last Name, First, MI)	Actual Training Start Date	Actual Training End Date	Completed Training (y/n)	Type of Credential or Certificate
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