Canadian Propane Association | Association canadienne du propane

PROPANE TRAINING INSTITUTE
L'INSTITUT DE FORMATION DU PROPANE

FOR OFFICE USE ONLY

Date Received: _____

Course Specification: _____

This form is to be completed only by the Trainer, as this provides additional validation of the trainee ID#. This form should be used for one course on one day only. Additional forms are to be used for each course or training dates. Please send your exams and this form at: **training@propane.ca**

TRAINING SESSION SUMMARY

Date of Training: YYYY | MM | DD

(One date only per summary sheet)

TRAINER/EXAMINER *(first name, last name)* _____

TRAINER ID # _____

COURSE # _____

Student Names *(first name, last name) OR Trainee ID#**	Exam Access Key Number	Company Name *(not necessary if Trainee ID # is included)*	% Written Exam

** Trainee ID# - This is the ID# trainees are required to have to access their certificates.*