WORKFORCE 1

Clear All

TRAINING GRANT MILESTONE 2 CERTIFICATION of COMPLETION

INV 9-18-08

1 Training Provider Name

If you do not know your Training Provider (ETPL) ID, go to the NYC Training Guide at www.nyc.gov/trainingguide, select Help, and request your ETPL ID number using the Contact Us form.

2 Training Provider (ETPL*) ID

** NYS Eligible Training Providers List , www.workforcenewyork.org/etp/*

The Milestone 2 Certification of Completion form with original signatures along with all attachments **must be submitted with the Training Grant Invoice form**.

For help on completing this form and additional information on payment claims, visit the NYC Training Guide @ www.nyc.gov/trainingguide

Section A - Customer Certification

You must select one and only one Program Type. Refer to the Training Grant Voucher for Program Type

3 Program Type (select one only) ITG ☐ TAA ☐

4 Customer Name

(First Name) *(Last Name)*

Refer to the Training Grant Voucher for the six digit Voucher Authorization Number

5 Voucher Authorization Number

The program/course name must match the program/ course name on the Training Grant voucher

6 Program/Course Name

You must enter the date you the customer completed training. This date cannot be before the signature date.

7 I certify that I, the above named customer, successfully completed training in the above Program/Course on: _____

(Training End Date)

I further certify that I been issued the attached Certificate of Completion

SIGN HERRE
Customer signs ONLY AFTER completing training

8 Signature _____ Date _____

Section B - Training Provider Certification

Before certifying completion, check to make sure all the customer information is correct, and the information provided is consistent with the Training Grant Voucher and attachment(s).

9 I certify that the above named customer has successfully completed training in the above Program/Course and a copy of the Certificate of Completion issued to the above named customer is attached. I further certify that this Claim and the Certificate of Completion are to the best of my knowledge and belief true, correct, and complete.

10 Attachments

Certificate of Completion ☐ **Attach a copy of the Certificate of Completion issued to the customer to this form. The course name and dates must be consistent with above customer certification.**

Explanation of Change to the Projected Training End Date ☐ **If training end date is either 2 weeks earlier or 4 weeks later than the projected end date indicated on the Training Grant voucher, the training provider must attach a written explanation. Failure to do so will result in reiection of this claim.**

11 Authorized Representative

(First Name) *(Last Name)*

12 Title

13 E-mail Address

SIGN HERE
The signature date must be ON OR AFTER the customer signature date. Keep a copy for your records.

14 Signature _____ Date _____