

**Certificate of Training Completion**

**Instruction to employee:** Please complete and submit this form to your campus upon completion of the training. Completion of this form is requisite to continuing in your position with the CSU. Thank you for your cooperation.

**By signing below, I certify that I have completed the requisite training on the California Child Abuse and Neglect Reporting Act and my obligations to report suspected child abuse or neglect.**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dept / Office: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Instruction to the campus:** Please file the original of this form in the employee's official personnel file and provide the employee a copy of the form.