

## Program Training Acknowledgement Agreement OSOS New User Form

Name of Agency: _____	Date: _____
Staff Name: _____	Position: _____
First day of Hire: _____	Date(s) of Training: _____
Name of Trainer(s): _____	
Please mark the WIOA Program: _____ADW _____Youth	

Please mark the following WIOA program components have been completed during new staff training:

- WIOA Overview
- WIOA Eligibility
- WIOA Case Management
- WIOA Career Services and/or Youth Elements
- Case Noting
- Common Measures
- Agency Policy Review
- Workforce Connections Policy Review
- OSOS Training
- Other: \_\_\_\_\_

I, \_\_\_\_\_ acknowledge that I have been fully trained in all WIOA program components checked above.

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

I, \_\_\_\_\_ acknowledge that the staff person listed above has been fully trained in all of the WIOA program components checked above. This new staff person is now authorized to have access to the Nevada JobConnect One-Stop Operating System (NJCOS).

\_\_\_\_\_  
**Authorized Signature - Service Provider**

\_\_\_\_\_  
**Date**