

Program Training Acknowledgement Agreement EmployNV 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
- WIOA Performance Measures
- Agency Policy Review
- Workforce Connections Policy Review
- EmployNV 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 EmployNV.

Authorized Signature – Service Provider

Date