



Oklahoma Department of Corrections

Virtual Training Attestation

I, _____, acknowledge that by signing this agreement I attended the virtual training as described below. I was able to see and hear the instructor without significant interruptions. I engaged in the training and participated in all prompts and questions provided by the instructor.

Title of training: _____

Instructor: _____

Date of Training: _____

Employee Signature

Date

Employee State ID Number

CLEET Number

Full Agency Name and Agency Number (If not ODOC)