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| J:\Function\Branding\- New OMES logo\Horizontal\OMES-logo-horiz-RGB.jpg |    | State Purchase Card Training Registration |

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| Registration for purchase card training is required. Email this completed registration form to: pcard@omes.ok.govForms submitted with missing information will be returned to the agency P-card Administrator for correction. |
| Training dates are posted when scheduled and are located at: <https://omes.ok.gov/services/purchasing/state-purchase-card>. **REQUIRED INFORMATION:** |
| **1.** | **Agency / Entity Information**:  |  |  |  |  |
|  | Name: |       | Agency / Entity # |       |
|  | Street Address or P.O. Box |       | City: |       | Zip: |       |
| **2.** | **Attendee Information:** |  |
|  | First Name: |       | Last Name: |       | Employee Id #  |       |
|  | Position Title: |       |

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| [ ]  |

 | I require special accommodations |
|  | Work Phone Number: |       | Email Address: |       |
| [ ]  | Current Certified Procurement Officer |  | [ ]  | Certified Professional Public Buyer (NIGP) |
| **3**. | **Class Name and Date Requested** |
|  | [ ]  | Self-paced P-card module  |  |  |
|  | [ ]  | Self-paced lodging-only module |  |  |
|  | [ ]  | Works editing class**\*** | Date (mm/dd/yyyy) |       |
|  | [ ]  | New Administrator class**\*** | Date (mm/dd/yyyy) |       |
|  | [ ]  | P-card Summit | [ ]  | A.M. |  | [ ]  | P.M. | Date (mm/dd/yyyy) |       |
|  | [ ]  | Webinar / Other       | Date (mm/dd/yyyy) |       |
|  | **\*** | *Requires completion of corresponding self-paced module and access to posted transactions* |
| **4.** | **P-Card Role (check all that apply)** |
|  | [ ]  | Agency P-card Administrator | [ ]  | Works Accountant |
| [ ]  | Agency P-card Approving Official | [ ]  | Proxy Reconciler |
| [ ]  | Auditors | [ ]  | Other |  |
| [ ]  | P-card Holder |  |  |  |
|  |  |  |  |

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|  |  |       |
|  State Agency / Entity P-card Administrator Signature (required) | Date |
|       |
|  | State Agency / Entity P-card Administrator Printed Name |
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