

Instructions:

- 1. PRINT legibly, use BLACK INK --- stay inside the boxes
- 2. VERIFY Header information is complete and correct
- 3. Complete Badge No. field at bottom; Sign & Date

Index No. PX-3864-UNC  
 Page No. 1 of 1  
 Issue No. 021



Training Completion Report

(Reference E-PROC-3028)

Employee Name

Badge No.

LMS No.

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OR

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Item Name

Item No.

Item Type

Item Revision Date

CMPC Essentials (Clrd. Subs)

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S	T
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1	0	1	4	2	4
M	M	D	D	Y	Y

Test Version

Instructor Badge No.

Score

Complete

RIDS

Workflow Route No.

TSR-Related?

2	4	1	0	1
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9	9	9	9	9
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Y	N

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	X
Y	N

- Using Black or Blue ink, fill out the following areas of this page:
  - Employee Name (Top)
  - Badge No. (Top)
  - Badge No. (Bottom)
  - Employee Signature (Bottom)
  - Training Completion Date (Bottom)

ACKNOWLEDGMENT

By signing and returning this report,  
 I acknowledge having been provided training or information for course

CMPC Essentials (Clrd Subs).

I have reviewed and understand the PowerPoint on the web-site.

I acknowledge that it is my responsibility to know and comply with  
 the information presented. If I do not understand the information,  
 it is my responsibility to ask for clarification.

This document has been reviewed by a DC/RO and has been determined to be UNCLASSIFIED, not UCN, and contains no CUI based on current classification guidance. This review does not constitute a review for CUI outside of classification guidance and does not constitute clearance for Public Release.  
 Name: Scott Minton  
 Date: 10/1/2024  
 CNS eDC/RO ID: 862370

Badge No. (or LMS No.)

Employee Signature

Training Completion Date

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M M D D Y Y