

# OPWDD Course Sign-In Sheet

Return Original To:

OPWDD Talent Development and Training  
44 Holland Avenue  
Albany, NY 12229

Name (Please Print)	Agency Name	Email Address (If none, print mailing address)	Signature

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor Agency Name: \_\_\_\_\_

By signature below, the instructor attests to OPWDD that all persons listed above completed the entire above referenced course. The instructor also attests he or she used the most up-to-date curriculum from the OPWDD website ([www.opwdd.ny.gov](http://www.opwdd.ny.gov)) and taught each section in its entirety. The instructor, or the instructor's agency, shall provide this form with original signatures to OPWDD within one week from the course completion date. The instructor, or the instructor's agency, also agrees to keep a copy of this form for no less than six years from the date of the training.

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_