

Name \_\_\_\_\_  
Employee ID# \_\_\_\_\_  
Budget Acct # \_\_\_\_\_

**NEVADA DIVISION OF STATE PARKS  
TRAINING COURSE RECORD**

Course Attended: \_\_\_\_\_  
\_\_\_\_\_

Offered By: \_\_\_\_\_

Location: \_\_\_\_\_

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

Course Format (Circle one): Classroom, seminar, workshop, other (specify) \_\_\_\_\_  
\_\_\_\_\_

Compliance with following mandates (check where applicable):

- NVPOST NAC 289.230       OSHA 1910       NDSP Policy 72-13  
 Other: \_\_\_\_\_

Date(s) Attended: \_\_\_\_\_ # of hours - \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

The above-signed employee participated in the training outlined herein.

\_\_\_\_\_  
Immediate Supervisor or Instructor

\_\_\_\_\_  
Date