PROPANE TRAINING INSTITUTE
a division of the Canadian Propane Association

FOR OFFICE USE ONLY

Date Received:

Course Specification:

Training Session Summary Sheet

Trainer/Examiner Name: _____
first name, last name

Trainer/Examiner ID #: _____
ID #

Date of Training: _____
yyyy-mm-dd (*one date only per summary sheet*)

Course #: _____
course number

Please advise us of any changes to your mailing address or employment so we may update our records:

EMAIL: training@propane.ca
FAX: **403-543-6508**

This form is to be completed only by the Trainer, as this provides additional validation of the spelling of the student names. This form should be used for one course on one day only. Additional forms are to be used for each course or training dates.

Student Names: (student's first name, last name)	**Written Exam %**	**Student Names:** (student's first name, last name)	**Written Exam %**

Upon completion, please attach the exams and mail to:
***** NEW ADDRESS ****** Propane Training Institute, #**800, 744 – 4th Avenue SW, Calgary, AB T2P 3T4** – Toll-free: 1-877-784-4636 Fax: 403-543-6508 Email: training@propane.ca