

AARP Driver Safety Program

EDITION 6 TRAINING COMPLETION FORM

IMPORTANT

Instructions: To be completed by the Edition 6 Trainee and Trainer/ASC at the end of Edition 6 training program. After completing, please batch and mail to AARP Driver Safety Program National Office, P. O. Box 93114, Long Beach, CA 90809-3114.

Note: Edition 6 classroom kit materials cannot be ordered until this form is received and processed by the AARP DSP National Office. Allow 21 calendar days for receipt and processing of this form by the National Office.

PLEASE PRINT

1. Name of Instructor Trainee: _____

2. Vol ID # _____ 3. Phone #: _____

4. E-mail Address: _____

5. State _____

6. Dates of Edition 6 Training: _____

7. Location of Edition 6 Training: City: _____ State: _____

8. Agreement:

I have read and understand the "Instructor Responsibilities" on page vi of the Instructor Manual. I agree to teach the course as presented in the AARP Driver Safety Program Instructor Manual, 6th Edition.

Signature of Trainee: _____ Date: _____

Edition 6 Trainer Information and Certification of Training Completion

9. Name of Edition 6 Trainer/ASC: _____

10. Trainer/ASC Vol ID # _____

11. Trainer/ASC Phone #: _____

12. Trainer/ASC E-mail address: _____

13. Certification:

I certify that the above trainee has completed the Edition 6 training and may now begin ordering Edition 6 materials for AARP DSP courses.

Signature of Trainer/ASC: _____

AARP Driver Safety Program

EDITION 6 TRAINING COMPLETION FORM STEP-BY-STEP INSTRUCTIONS

This form is to be completed by the Edition 6 Trainee and Trainer/ASC at the end of Edition 6 training program. A completed form certifies that the Trainee has successfully been trained in the Edition 6 curriculum materials and can begin to order the new Edition 6 classroom kit materials. The Trainee should wait 21 calendar days from the date of their training to order the new materials.

1. **Name of Instructor Trainee:** Name of the individual taking the Edition 6 training. This includes current DSP volunteers that are being re-trained and new candidates.
2. **Vol ID #:** Trainee's current AARP DSP Volunteer ID number.
3. **Phone #:** Phone Number where AARP National Office Staff can reach the trainee during business hours.
4. **E-mail Address:** Trainee E-mail address, if applicable.
5. **State:** Primary state where the trainee resides.
6. **Dates of Edition 6 Training:** Date(s) of Edition 6 Training.
7. **Location of Edition 6 Training:** City and State where Edition 6 Training has taken place.
8. **Agreement:** This statement indicates that the trainee has read the "Instructor Responsibilities" on page vi in the Edition 6 Instructor Manual and the trainee agrees that he/she will teach the course as presented in the Instructor Manual. Failure to sign this agreement will prohibit the Trainee from ordering Edition 6 class kit materials.
9. **Name of Edition 6 Trainer/ASC:** Name of the individual teaching the Edition 6 classroom kit training course.
10. **Trainer/ASC Vol ID#:** Trainer/ASC's current AARP DSP Volunteer ID number.
11. **Trainer/ASC Phone #:** Phone Number where AARP National Office Staff can reach the Trainer/ASC during business hours.
12. **Trainer/ASC E-mail:** Trainer/ASC E-mail address of the Trainer/ASC, if applicable.
13. **Certification:** Trainer/ASC's signature indicating that the Trainee listed in #1 has completed the Edition 6 training and they may now begin to order Edition 6 course materials. The Trainer/ASC must sign and date this form in order for it to be considered valid.

Instructions to submit completed and approved forms:

Trainer/ASC: Please batch and forward all the Training Completion forms from each training session to AARP Driver Safety Program National Office, Attn: Paul Cramer, P. O. Box 93114, Long Beach, CA 90809-3114.