



OPM ORIENTATION PROGRAM

Certificate of Completion

I have completed viewing, in its entirety, the
OPM "Training Orientation Program"
On-line Presentation.

Print Name: _____

Signature: _____

Division: _____

Date: _____

For Employees, please obtain Human Resources Signature.

HR Signature: _____

For Non-OPM Staff Members, please obtain Division
Representative Signature:

Div. Rep. Signature: _____