

ACCESSIBILITY TRAINING

Confirmation of Training

Please identify which of the following training modules you completed training on (check all that apply, how you completed the training and the dates you completed the training:

√	TRAINING MODULE	FORMAT	DATE
	Accessible Customer Service		
	IASR – General Requirements		
	IASR – Information and Communication		
	IASR – Employment Standard		
	IASR – Transportation Standard		
	IASR – Design of Public Spaces Standard		
	Ontario Human Rights Code		

Name: _____

Department/Committee: _____

Signature: _____

Date: _____