

### Skill Verification Form

| Training Item Information / Información del Curso                |  |
|--|--|
| Document Title:<br><i>Título del Documento:</i>                  |  |
| Document Number/version:<br><i>Número/Versión del Documento:</i> |  |

| Qualified Trainer Statement / Declaración del Adiestrador Cualificado  |                    |
|--|--------------------|
| My signature indicates that I, as the Qualified Trainer,:  |                    |
| <ul style="list-style-type: none"> <li>Verified that the Trainee has the associated curriculum assigned and completed the pre-requisite training for the curriculum before beginning On-the-Job Training.</li> <li>Completed the On-the-Job Training with the Trainee based on the steps listed in the document.</li> <li>Allowed Trainee to practice the steps listed below.</li> <li>Answered the Trainee's questions.</li> </ul>  |                    |
| <i>Mi firma indica que yo, como Adiestrador Cualificado, he:</i>   |                    |
| <ul style="list-style-type: none"> <li>Verifique que el aprendiz tiene asignado el currículo asignado y completó los pre-requisitos de adiestramiento antes de completar el adiestramiento en el puesto de trabajo (OJT).</li> <li>Completado con el aprendiz todos los pasos que se detallan abajo durante su Adiestramiento en el Lugar del Puesto.</li> <li>Permitido que el aprendiz practique los pasos que se detallan abajo.</li> <li>Contestado las preguntas del aprendiz.</li> </ul> |                    |
| Qualified Trainer/ <i>Firma del Adiestrador Cualificado</i>  | Date/ <i>Fecha</i> |
|  |                    |

**N/A**

|   |
|---|
| <p><b>Comments:</b> <i>(Comments must be made regarding any tasks that were discussed (D) or simulated (S) and the reasons why. For example: Step 1.2 (D), step is completed by a third party. This space may also be used for specific criteria such as lab analysis criteria.)</i></p> <div style="height: 150px;"></div> |
|---|

| Trainee Information |
|---------------------|
|---------------------|

**Trainee:** My signature indicates that I have been provided sufficient training to independently perform this GMP Task.

|              |           |      |      |
|--------------|-----------|------|------|
|              |           |      |      |
| Trainee Name | Signature | WWID | Date |

| Qualified Trainer Information |
|-------------------------------|
|-------------------------------|

**Trainer:** My signature indicates that the Trainee has successfully completed all steps listed in this document and is qualified to perform the steps independently.

|              |           |      |      |
|--------------|-----------|------|------|
|              |           |      |      |
| Trainer Name | Signature | WWID | Date |

| Training Department Signature for Simulation or Discussion Assessment Type/<br>Firma del Departamento de Adiestramiento para la evaluación de Simulación o Discusión |                   |              |
|--|-------------------|--------------|
| <input type="checkbox"/> N/A (N/A for P assessment type ONLY/ N/A para evaluación de ejecución (P) solamente)  |                   |              |
| Name / Nombre  | Signature / Firma | Date / Fecha |
|  |                   |              |

| LMS Administrator Use Only / Para Uso Exclusivo del Administrador del Sistema de Manejo de Aprendizaje (LMS) |                   |              |
|--|-------------------|--------------|
| <input type="checkbox"/> Entered Into LMS / Entrado en LMS   |                   |              |
| Name / Nombre  | Signature / Firma | Date / Fecha |
|  |                   |              |

Dean R. - Sample