

Integrated Accessibility Standards Regulations

Confirmation of Training

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

	Modules	Training Format Used	Date Training Completed
	Customer Service Standard		
	General Requirements		
	Information and Communications Standard		
	Employment Standard		
	Transportation Standard		
	Design of Public Spaces Standard		
	Ontario Human Rights Code		

Name : _____

Position: _____

Signature: _____

Date training completed: _____