

# 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 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:**