

**University of Windsor Faculty of Education
Health and Safety Training Verification Form**

Teacher Candidate name (please print): _____

Student number: _____

Division: _____

Program: _____

I certify that I have **read, understood** and **completed** all of Health and Safety training modules that were provided to me.

I certify that I have **completed** the Ministry training and have printed the **Certificate of Completion**.

I certify that I have **completed** all Health and Safety training modules and have **submitted** the Certificate of Completion to the Faculty of Education office.

Teacher Candidate signature

Date

Please submit this signed form, along with the Ministry's Worker Health & Safety Awareness Certificate of Completion to the Field Experience Office by **Friday, September 22nd, 2023**. Failure to do so could result in a delay in receiving your practicum information.

All completed forms including the Certificate of Completion are to be sent to:
educforms@uwindsor.ca