

Association for Challenge Course Technology PO Box 19797 Boulder, CO 80308, USA Phone: (303) 827-2432

www.acctinfo.ora

Training Attestation and Checklist

To meet the Operation Accreditation requirements for training, this form is to be used for each individual training session on site to create a record showing that all training sessions meet the current ANSI/ACCT standards and are appropriately documented. This document is required for the Initial application and annual compliance.

Please see the <u>eligibility criteria</u> before completing this document to ensure you comply with all Training eligibility requirements.

If this was a joint training (a portion was In-house and a portion was third-party), each trainer needs to fill out a Training Attestation and Checklist.

Program Trainer Requirements:

| inis training was p | provided by | y a/n: (Please mark a | iii that apply from | i the options below) | |
|--|-------------|-----------------------|---------------------|---------------------------|-------|
| In-House Trainer | | Accredited Vendor | | Non-Accredited Vendor | |
| If you are from a Nemail: | lon-Accred | lited Vendor, please | provide your com | npany's name and supervi | sor's |
| Company Name _ | | | | | |
| Supervisor's Emai | il: | | | | |
| If this is an In-House training, are you the Lead QCP trainer for this operation | | | | | |
| ☐ Yes | 3 | | | | |
| If no, do you meet provide this training | = | tion's documented re | quirements to be | e considered qualified to | |
| ☐ Yes | 5 | | | | |
| If no, please expla | nin: | | | | |
| | | | | | |



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Documentation

To ensure this specific training session meets applicable 03-2019 ANSI/ACCT Chapter 2 Operation Standards and 3 Training Standards, please provide the following documents in the initial application and the reaccreditation application.

- Training Syllabus
- Trainer Qualification: If you are a non-accredited vendor or the lead QCP trainer for this
 operation, you are required to submit your portfolio for review to ensure you meet the
 QCP for Trainer/Tester (120 hours of training attended, 280 hours of training delivered,
 and 800 hours of facilitation).
- Explanation of any accommodations or modifications
- A Roster of individuals for this specific training

Attestation (please initial each and then sign)

| Skills assessment for this specific training was conducted |
|---|
| This specific training meets all applicable ANSI/ACCT Chapter 2 Operation Standards at the time of the training. |
| This specific training, and the documentation attached, meet all of the ANSI/ACCT Chapter 3 Training Standards at the time of the training. |
| I attest that this training complies with not only the applicable ANSI/ACCT Standards, but also with the Operation Accreditation Program requirements. All documents included in the application, including this Training Attestation and Checklist, are correct, and no false or misleading information was submitted. |
| Lead Trainer Signature: |
| Lead Trainer Name: |
| Employer: |
| Date: Location: |
| Standard in use: |