

**NAID[®] CERTIFICATION PROGRAM
ACCESS EMPLOYEE TRAINING PROGRAM
APPROVAL SUBMISSION FORM**

Please complete this form and submit to NAID for approval of your Access Employee Training Program (AETP). Upon approval of your program a confirmation email will be sent. Please remember that all access employees must go through the program annually.

Company: _____ Contact Name: _____

Contact Email: _____

Physical Address: _____

City: _____ State/Prov: _____ Postal Code: _____

Total # Access Employees Trained: _____ (all access employees must be trained, per Section 2.1g of the NAID AAA Certification Application)

Is the application for multiple locations? No Yes (If yes, please provide the Company name, city and state of the other location(s) that will be utilizing this program.)

1. Company: _____ City: _____ State/Prov: _____ Country: _____

2. Company: _____ City: _____ State/Prov: _____ Country: _____

3. Company: _____ City: _____ State/Prov: _____ Country: _____

Agency administering the program: _____

Contact person at Agency: _____

Title of Program: _____

Date the program was last conducted (or is to be conducted): _____

I am providing the following program information:

Type of or sample of dated documentation indicating the successful completion of the program:

- Certificate Graded test
 Signed attendance roster Other, explain _____

AND

- Outline of Program & Handouts/materials used during training

Company
Signature: _____ Date: _____

Print Name: _____ Title: _____

NAID Use Only

Signed: _____ Date: _____

Print Name: _____ Title: _____

Please submit the form via:
FAX: (480)658-2088
EMAIL: certification@naidonline.org
QUESTIONS: (602)788-6243