Arkansas Workforce Development Board (AWDB) Orientation and Training

DATE COMPLETED: ________________ SELF-PACED □ OR STAFF MEETING □

LOCATION: __________________________________________________
(Print Location – Address, City)

Acknowledgement of Training

I acknowledge that I have received training concerning the following topics:

✓ Overview of Workforce Innovation and Opportunity Act of 2014
✓ Arkansas Workforce Centers
✓ Overview of the AWDB
✓ Primary Purpose of the AWDB
✓ Guiding Principles of the Arkansas Workforce System
✓ Vision and Mission of the Arkansas Workforce System
✓ Roles and Responsibilities of the AWDB
✓ Organization of the AWDB
✓ Overview of the AWDB By-Laws
✓ Conflict of Interest
✓ Freedom of Information Act, including the Sunshine Law

AWDB Member Name (PRINT) __________________________ Signature __________________________ Date ______________

AWDB Workforce Investment Director Name (PRINT) __________________________ Signature __________________________ Date ______________

Equal Opportunity Employer