

## 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