Mechanic Evaluation & Certification for Healthcare

MECH

DOCUMENTATION & RECERTIFICATION FORM

Name: _____

Last 4 digits of SSN: ____ ____ ____ ____

MECH ID # (if known): _____

Instructions: *Record each training session on this form and file it in your personal file. A minimum of 6 face-to-face hours per year is required for a total of 30 face-to-face hours at the end of 5 years (recertification period). Mail this copy with your $60 recertification fee to:*
MECH, 4836 Green Moor Ct., Hudsonville, MI 49426

Topic		Date	Hours

Total Hours
(minimum of 30 hours; 6 hours per year)

Facility Manager/Engineer/Department Head Validation of Training

I have authorized the training listed above and have verified this attendance for the number of hours listed.

Name: _____

Title: _____

Date: _____

☐ $60.00 Fee Enclosed