

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