



# VERIFICATION OF AGENT TRAINING

State Form 39287 (R8 / 6-18)  
DEPARTMENT OF WORKFORCE DEVELOPMENT

OFFICE FOR CAREER AND TECHNICAL SCHOOLS

- INSTRUCTIONS: 1. This form must be completed for each new agent representing an institution. If all of the information which is required on this form is not provided, the form will be returned to the institution.
2. In accordance with IC 22-4.1-21-29(c), submit completed State Forms 39286 and 39287 together.  
Send forms to: Office for Career and Technical Schools, 10 North Senate Avenue, Room SE 308, Indianapolis, IN 46204.

Name of applicant agent	
Name and location of institution	Date submitted (month, day, year)
<b>TYPE OF TRAINING RECEIVED BY THE APPLICANT AGENT RELATIVE TO IC 22-4.1-21-28 REPRESENTATIONS</b>	
1. Classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Give number of hours of classroom training:	
2. Field training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Give number of hours field training:	
(b) Name of individual who supervised training:	
(c) Give explicit description of the field training:	
3. Indiana Code 22-4.1-21 and Rules and Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Number of hours in training:	
4. Course content? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Number of hours in training on course content:	
5. Total hours of training received prior to submission of this form:	
I hereby swear or affirm that the information supplied on this form is true.	
Signature of applicant	Date (month, day, year)
STATE OF _____	
COUNTY OF _____	SS:
Subscribed and sworn to before me this _____ day of _____, _____.	
Signature of notary public	Printed name of notary public
County of residence	Date commission expires (month, day, year)
The undersigned hereby certifies that the applicant agent has been thoroughly trained and understands Indiana Code 22-4.1-21.	
Signature of training supervisor	Date (month, day, year)
Printed name of training supervisor	Official capacity
STATE OF _____	
COUNTY OF _____	SS:
Subscribed and sworn to before me this _____ day of _____, _____.	
Signature of notary public	Printed name of notary public
County of residence	Date commission expires (month, day, year)