

# Completion & Certification



**Thank you for completing the**

## **Annual Sexual Harassment Prevention Training**

**Please take the following actions:**

1. Print and sign the “Certificate of Participation” provided.
2. Return the certificate to the training facility in Mt. Sterling using one of the following methods:

BY MAIL: 1730 750N Avenue  
Mt. Sterling, IL 62353

BY EMAIL: [licensing@ilcjatp.org](mailto:licensing@ilcjatp.org)

BY FAX: (217) 773-2835



THE POWER TO PROTECT

# Certificate of Participation 2024

## Sexual Harassment Prevention Training



I certify that I have carefully read and reviewed the content of, and completed, the 2024 Sexual Harassment Prevention Training pursuant to the Illinois Human Rights Act, 775 ILCS 5/2-109 and 2-110.

### Training Participant Information:

\_\_\_\_\_ (Printed Name - First, Middle Initial, Last)      \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Birth Month and Day)

\_\_\_\_\_ (Local Union #)      \_\_\_\_\_ (Last 4 digits of SSN)

### Training Date/Location:

\_\_\_\_\_ **ILCJATP**      \_\_\_\_\_ (Training Date)      \_\_\_\_\_ **ONLINE**  
(Company Name/Work Location)      Training Method

