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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **TRAINEE PROGRESS REPORT** | | | | | | **Business Name:** Click or tap here to enter text. | | **Report Date:** Click or tap to enter a date. | | **Type of Report:** Choose an item. | | **Authorized Business Representative Signature:** | | | | | | **Authorized Business Representative Name/Title:** Click or tap here to enter text. | | | | | | **Training Course Name:** Click or tap here to enter text. | **Training Provider:** Click or tap here to enter text. | | **Training Date(s):** Click or tap here to enter text. | |  | **Last 4 Digits of Social Security #, SCWOS User Name or SCWOS State ID #** | **NAME**  (Last Name, First, MI) | **Actual Training Start Date** | **Actual Training End Date** | **Completed Training**  (y/n) | **Type of Credential or Certificate** | | --- | --- | --- | --- | --- | --- | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to 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