

# Registration of Training Modules - Instructions (Form 200)



For instructions on how to complete electronic submission of this form via the Registry System, please copy and paste the following URL into your web browser:  
<https://support.nccer.org/support/solutions/articles/13000014320-submit-registration-of-training-modules>

There are no processing time frames for electronic submission of forms.

Complete the form in its entirety by clearly printing or typing all information.

**\*\*Release Form - Check this box confirming that the R&R Form has been signed and is on file or that it has been completed electronically as part of the individual's profile in the NCCER Registry.**

Enter the correct Module ID# as found in the NCCER Curriculum. Indicate the test pass date for each trainee tested. Remember a 70% is the minimum passing grade to receive credit for a module completion. **Please do not report failing grades, only modules with passing grades will receive credit.**

If module requires a Performance Profile, indicate the test pass date.

NCCER recommends quarterly submissions but at minimum annual submissions of training modules.

Print or type names exactly as they should appear on credentials.

<b>ATS Name:</b> Training Sponsor Company, Inc. <b>ATU/TU/ATEF:</b> Training Unit, Location #1	<b>Instructor/Performance Evaluator:</b> Joe Smith  NCCER Card Number	<b>Performance Evaluator:</b> (if different from Instructor)  NCCER Card Number	<b>Completion Date:</b>  01-17-14
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Trainee Name:	**Release Form	Trainee NCCER Card Number	Trainee Employer:	Employer Zip Code (main or home office)	Mod # ES-00101-04		Mod # ES-00102-04		Mod # 00103-04		Mod # 00104-04	
					Written Test	Perf Test	Written Test	Perf Test	Written Test	Perf Test	Written Test	Perf Test
John Doe			Johnson Construction	12345	01-10-14	01-10-14	01-10-14	-----	01-10-14	P		

If you have any questions regarding completion of Registration of Training Modules (Form 200), contact NCCER Customer Service at 888.622.3720.

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**Instructor/Performance Evaluator:**

**Performance Evaluator:**  
*(if different from Instructor)*

ATS Name: <input style="width:90%;" type="text"/>	Name: <input style="width:90%;" type="text"/>	Name: <input style="width:90%;" type="text"/>	<b>Form Completion Date:</b>
ATU/TU/ATEF: <input style="width:90%;" type="text"/>	NCCER Card # <input style="width:90%;" type="text"/>	NCCER Card # <input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Trainee Name (First Name, Last Name)	**Release Form	Trainee NCCER Card Number	Trainee Employer & Employer Zip Code (main or home office):	Mod #		Mod #		Mod #		Mod #	
				Written Test	Perf Test	Written Test	Perf Test	Written Test	Perf Test	Written Test	Perf Test

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				Written Test	Perf Test	Written Test	Perf Test	Written Test	Perf Test	Written Test	Perf Test

I attest that all of the information reported on this form is true. \_\_\_\_\_  
Certified Instructor Signature Date

Certified Instructor Name *(type or print)* \_\_\_\_\_ NCCER Card # \_\_\_\_\_

\_\_\_\_\_  
 ATU/TU/ATEF Representative Name/Title/ NCCER Card # *(type or print)* Signature Date

\_\_\_\_\_  
 Sponsor Representative Name/Title/ NCCER Card # *(type or print)* Signature Date

**Return to: Sponsor Representative, then ATS submits to: registrar@nccer.org or fax to 386.518.6255.**