Atlantic Charter INSURANCE GROUP 25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

EMPLOYEE RETRAINING CERTIFICATION

To be completed following a work related injury or improper working procedures observed

EMPLOYER'S NAME:_____

I. RETRAINING COMPLETED

Employee Name	Department

The following topic(s) were covered in the retraining and reeducation:

II. ACKNOWLEDGMENT

I acknowledge that I was retrained and reeducated as per above. I understand the information provided to me in the retraining. Based on the information, I can give a proper demonstration of the techniques. I understand this document will become a part of my employment file.

Employee Signature:	Date:
Educator/Trainer Signature:	Date: