



Verification of Training Completed for Continuing Education

Type or print in ink and submit it to the **Board of Coal Mining Examiners**. Check the appropriate box below that relates to type of continuing education requirement completed. Complete a form for each continuing education requirement completed.

- Advanced first aid
- Diesel engine mechanic
- First class mine foreman
- Surface foreman

1. Full Name _____ Date of Birth _____

2. Address _____
Street or P.O. Box City State Zip Code

3. Home Phone No. (_____) _____ Date of Employment _____

4. Employer Company Name _____

Mine Name and Index # _____

Address _____
Street or P.O. Box City State Zip Code

5. I received continuing education training _____ on _____
hours date

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed _____
Signature of applicant Cert # Date

I hereby certify to the BCME that the training I provided to the applicant set forth above meets the requirements of Virginia Code §45.1-161.34 and the Virginia Administrative Code 4 VAC 25-20.

Name printed and signed _____
Instructor approved by DM providing training

Instructor's Cert. # _____