

**Upstate Medical University
RIGHT TO KNOW Via Online Learning Website
Education Completion Certificate**

Upstate Medical University employees should complete the following certificate.

I CERTIFY THAT I HAVE COMPLETED THE ANNUAL RIGHT-TO-KNOW/HAZARD COMMUNICATIONS EDUCATION AND THAT I UNDERSTAND THIS EDUCATIONAL MATERIAL.

Date: _____

Employee's PRINTED Name: _____

Employee's Signature: _____

Employee ID # (Required): _____

PLEASE CHECK: Entered into Tracker by Department

- Yes No

Tracker Entry: If entering into Oracle Tracker, use code **RTK**.

Return signed copy to Organizational Training & Development

Mail to: JH Rm. 417 OR Fax: 464-4400

Maintain copy in the office of Environmental Health & Safety

Mail to: CAB Rm. 302 OR Fax: 464-4023