

# UPSTATE

## MEDICAL UNIVERSITY

### Sexual Harassment Prevention and Title IX Training Education Completion Certificate

**I certify that I have completed the annual Sexual Harassment Prevention and Title IX Training and that I understand this educational material.**

Date: \_\_\_\_\_

Employee's PRINTED Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Employee ID # (Required): \_\_\_\_\_

**Tracker Code: NYSSEXALL**

*If department cannot enter into Self-Serve Tracker, please send to Organizational Training & Development for entry:*

*Mail to: JH Rm. 417*

*Email to: [otd@upstate.edu](mailto:otd@upstate.edu)*

*Fax to: 315-464-4400*