

SIGNATURE ATTESTATION FORM

The Peel District School Board requires all employees including student placement candidates, to complete annual health and safety requirements. By signing this form, you are providing the PDSB with verification that you have completed the following online learning modules:

Student Name: _____

College/University: _____

COVID 19 Training Date:_____ Signature:_____

WHMIS Training Date:_____ Signature:_____

Please return this form to your Associate Teacher prior to the start of your placement.