

# AWSP Enrollment/POI/Completion Form

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ AAESAP ID \_\_\_\_\_

TABE Validation	
Date	Score
M Math	
M Reading	

MAP	YES/NO
Healthcare	
IT	
Construction	
Trans/Log	
Manuf	
Other	

Student Folder	
Marked AWSP	
Registration Form/CIF	
TABE/DRC sheet	
AWSP enrollment form	
Attendance/roster/sign in	

Training Provided \_\_\_\_\_

Date enrolled \_\_\_\_\_ Date Completed \_\_\_\_\_

Certificate Issued \_\_\_\_\_

AAESAP Entered \_\_\_\_\_ Attendance Entered \_\_\_\_\_ Certificate Entered \_\_\_\_\_ AWSP entered \_\_\_\_\_

AWSP Entry Information	
Class Name	
Employer Name	
Business Address/phone	
Business Contact Name	
Title for position	
Business Pay/Hourly Rate for employee	
New Hire Level 1 or Incumbent Level 2	
Certificate/MSG	