

**INDEPENDENT LEARNING COJET CREDIT**  
**Audio / Video / CBT/ Webinar**

NAME: _____	PHONE: _____
POSITION: _____	DIVISION/OFFICE: _____
MEDIA TITLE: _____	
PRODUCED BY: _____	
TRNG. DATE(S): _____	LENGTH: _____ (hour/minutes)

**Form should be submitted within 30 days of completion of media training.**

<p><b>List three key points made in this training:</b></p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>								
<p><b>How can the information obtained in this training be applied to your job?</b></p> <p>_____</p>								
<p><b>Would you recommend this training to other employees? _____</b></p> <p><b>Why?</b></p> <p>_____</p>								
<p><b>Check main content area(s).</b></p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Ethics</td><td><input type="checkbox"/> Supervisory/Management</td></tr><tr><td><input type="checkbox"/> AZ Court System</td><td><input type="checkbox"/> Automation</td></tr><tr><td><input type="checkbox"/> Communications</td><td><input type="checkbox"/> Skills</td></tr><tr><td><input type="checkbox"/> OTHER _____</td><td><input type="checkbox"/> Safety, Security, Risk Management</td></tr></table>	<input type="checkbox"/> Ethics	<input type="checkbox"/> Supervisory/Management	<input type="checkbox"/> AZ Court System	<input type="checkbox"/> Automation	<input type="checkbox"/> Communications	<input type="checkbox"/> Skills	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> Safety, Security, Risk Management
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<input type="checkbox"/> OTHER _____	<input type="checkbox"/> Safety, Security, Risk Management							

I am submitting the above for COJET credit and understand that unless pre-accredited, **all training is subject to approval by the Training Coordinator.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETAIN A COPY AND FORWARD ORIGINAL TO HUMAN RESOURCES SUITE 221**