



880 Corporate Drive, Suite 200
Lexington, KY 40503
FAX TO: (859) 422-7036

Trainer Information

Today's Date: ____/____/____

FHTM ID#: _____

Name: _____

Training Location (City/State): _____

Phone number: _____

TRAINING MUST BE MARKED:

I certify that I have covered all FHTM prescribed training for this new **Manager**. I have covered the compensation plan and the Fortune policies and procedures.

I certify that I have covered all FHTM prescribed training for this new **Trainer Coach** and/or re-certified this Trainer Coach with all new programs since the prior training was completed.

X _____
Signature of Trainer Coach (Must be signed)

Trainee Information

Today's Date: ____/____/____

FHTM ID#: _____

Name: _____

Training Location (City/State): _____

Phone number: _____

READ BEFORE SIGNING

I certify that I was trained or re-certified by a certified FHTM Trainer. I understand the FHTM policies and procedure in regards to slamming and income projections and I agree to conduct my business in an honest and ethical manner.

Training Date: ____/____/____ (must be filled in)

X _____
Signature of Trainee (Must be signed)