

# SMART Members Assistance Program Training

## STUDENT INFORMATION

**DATE OF CLASS:** [Click here to enter text.](#)

**CITY AND STATE HELD:** [Click here to enter text.](#)

**LOCAL:** [Click here to enter text.](#)

**NAME:** [Click here to enter text.](#)

**NICKNAME:** [Click here to enter text.](#)

**TITLE:** [Click here to enter text.](#)

**HOME STREET ADDRESS:** [Click here to enter text.](#)

**HOMT CITY, STATE, ZIP CODE:** [Click here to enter text.](#)

**E-MAIL ADDRESS** [Click here to enter text.](#)

**OFFICE NUMBER:** [Click here to enter text.](#)

**CELL NUMBER:** [Click here to enter text.](#)

## FOR COMPLETION CERTIFICATES

**(Your name as you would like it to appear on certificate)**

**NAME:** [Click here to enter text.](#)

**LOCAL CITY & STATE:** [Click here to enter text.](#)