**FTA Training Acknowledgement**

Prohibited Drug Awareness[[1]](#footnote-1)

In accordance with USDOT Federal Transit Administration (FTA) 49 CFR Part 655.14 (b), I hereby acknowledge that I have received at least 60-minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use.

**Employee**

|  |  |
| --- | --- |
| **Printed Name of Employee:** |  |
| **Signature of Employee:** |  |
| **Date of Training:** |  |

**Supervisor**

|  |  |
| --- | --- |
| **Authorized Employer Representative:** |  |
| **Signature:** |  |
| **Date:** |  |

1. This form should be completed and kept in the employer’s drug and alcohol training records for each safety sensitive employee. Attach printed certificates from online or web-based training, as applicable. [↑](#footnote-ref-1)