

**MISSISSIPPI STATE PERSONNEL BOARD
OFFICE OF TRAINING**

**ADMINISTRATIVE SUPPORT
CERTIFICATION PROGRAM**

Computer Competency Certification Form

This is to certify that the following participant in the Administration Support Certification Program possesses the necessary computer competencies for the position he/she **currently** holds within this agency.*

NAME OF PARTICIPANT:

TITLE:

AGENCY:

ADDRESS:

SIGNATURES

PARTICIPANT: _____ **Date:**

AGENCY OFFICIAL: _____ **Date:**
(may be participant's supervisor)

*If the participant does **not** currently possess the necessary computer competencies, the agency should submit this form when the necessary computer training has been completed. For information on computer training offered through the Mississippi Department of Information Technology Services (ITS), please contact Susan McClain, ITS Institute, 301 North Lamar Street, Suite 508, Jackson, Mississippi 39201, Phone: (601)359-6196.

Please return completed form to:
JULIA SUMMERS
Mississippi State Personnel Board
Office of Training
301 North Lamar Street, Jackson, Mississippi 39201