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| **2021 ICC/CES Program Completion**  Course participants are responsible for reporting to the ICC/CES program a certificate verifying completion.  The certificate will be forwarded to the participant by the education provider within a reasonable time period after the course is completed.  This form is used to report each participant to the education provider. |  |

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| Program Title (as registered with the ICC/CES Education Provider Program)  **Fire Door Systems, A Guide to Code Compliance** | | | | Education Provider Name  **McKEON** | | Class Hours (1, 2, 3, 4 or 5)  3 |
| Name of person submitting this report: David Dodge | | | | | | |
| Phone Number: 801-471-7210 | | | Email: ddodge@mckeondoor.com | | | |
| Date of Program Completion: | | | City/State: | | | |
| Participants at this program **(Please print or type)** | | | | | | |
| ICC Member  Yes or No | Jurisdiction | Name of Participant | | | Certificate\* Request  Yes or No | |
| 1. Yes No |  |  | | | Yes No | |
| 2. Yes No |  |  | | | Yes No | |
| 3. Yes No |  |  | | | Yes No | |
| 4. Yes No |  |  | | | Yes No | |
| 5. Yes No |  |  | | | Yes No | |
| 6. Yes No |  |  | | | Yes No | |
| 7. Yes No |  |  | | | Yes No | |
| 8. Yes No |  |  | | | Yes No | |
| 9. Yes No |  |  | | | Yes No | |
| 10. Yes No |  |  | | | Yes No | |
| 11. Yes No |  |  | | | Yes No | |
| 12. Yes No |  |  | | | Yes No | |
| 13. Yes No |  |  | | | Yes No | |
| 14. Yes No |  |  | | | Yes No | |
| 15. Yes No |  |  | | | Yes No | |
| 16. Yes No |  |  | | | Yes No | |
| 17. Yes No |  |  | | | Yes No | |
| **Return this form within two weeks of program completion to: McKEON 44 Sawgrass Drive, Bellport, NY 11713**  **Phone: 800-266-9392 Fax: 631-803-3030 or Email to** [**triley@mckeondoor.com**](mailto:triley@mckeondoor.com)  **\*It is the responsibility of the Education Provider to send out certificates of completion to all participants that request them.** | | | | | | |