



**Attachment D**  
**KIPBS Supervisor Support and Technological Support Document**

**Candidate Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete the information below to both acknowledge and verify that the student will be supported by his or her organization during the training. This may include providing adequate time for classes and completion of class assignments as well as making available technological resources (for example, computer, video camera with audio, Word, Excel, Adobe Flash Player, Adobe Reader, etc.) in order to complete the course.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_