

**Registration Information**

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Section: \_\_\_\_\_

Sub-Section: \_\_\_\_\_

Print First Name: \_\_\_\_\_ Print Last Name: \_\_\_\_\_

Do you already have a SMART login (are you taking this as a refresher course)? Yes  No

**Trainee Office Contact Information Only:**

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_ Room/Suite No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Street Address (if different)

Street: \_\_\_\_\_ Room/Suite No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I acknowledge that I am a designated person authorized to use the SMART system. I will not permit anyone to access this site using my user name and password. I understand that I am solely responsible for any actions that occur in the SMART system under my user name.

Trainee Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Section to be filled out by Trainee's Supervisor**

Will the trainee be working on your agency's Agency Records Disposition Schedule? Yes  No

Does the trainee have authorization to transfer the physical and intellectual ownership of **electronic records** to the Missouri State Archives? Yes  No

Is the trainee temporary or contract personnel? Yes  No

Is the trainee a Records Custodian as defined by Section 610.023 RSMo.? Yes  No

SMART training is an online, self-paced course that can be accessed on any computer connected to the State network. Trainees are provided three consecutive business days **within** a calendar week to complete the course.

What dates are preferred? \_\_\_\_\_

Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_