

**MISSISSIPPI STATE PERSONNEL BOARD
OFFICE OF WORKFORCE DEVELOPMENT
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, 3771 Eastwood Drive, Jackson, Mississippi 39211, Phone: (601)432-8186.

Please return completed form to:

JENNIFER JASPER

Director of Support Staff Programs

Mississippi State Personnel Board-Office of Workforce Development

210 E. Capitol St., Suite 250 Jackson, Mississippi 39201

Contact: 601-359-2748 Fax: 601-359-2717

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