



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: _____

Participant Signature: _____ **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:



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