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| J:\Function\Branding\- New OMES logo\Horizontal\OMES-logo-horiz-RGB.jpg |  | State Purchase Card Training Registration |

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| Registration for purchase card training is required. Email this completed registration form to: [pcard@omes.ok.gov](mailto:pcard@omes.ok.gov)  Forms submitted with missing information will be returned to the agency P-card Administrator for correction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training dates are posted when scheduled and are located at: <https://omes.ok.gov/services/purchasing/state-purchase-card>.  **REQUIRED INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | **Agency / Entity Information**: | | | | | | | | | | | | |  | | | |  |  | | |  | | | | | | | | | | | | | | | | | | | |
|  | Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Agency / Entity # | | | | | | | | | | | | | |  | | | | |
|  | Street Address or P.O. Box | | | | | | | | | | |  | | | | | | | | | | | | | City: | | | | |  | | | | | | | | | | | | | | Zip: | |  |
| **2.** | **Attendee Information:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | First Name: | | | | | |  | | | | | | | | Last Name: | | | | | | | |  | | | | | | | | | | | | | | | Employee Id # | | | | | | |  | | |
|  | Position Title: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | --- | |  | | | | | | I require special accommodations | | | | | | | | | | | | |
|  | Work Phone Number: | | | | | | | |  | | | | | | | | | | | | | | | Email Address: | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Current Certified Procurement Officer | | | | | | | | | | | | | | | | | |  | | | |  | | | Certified Professional Public Buyer (NIGP) | | | | | | | | | | | | | | | | | | | |
| **3**. | | **Class Name and Date Requested** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Self-paced P-card module | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | Self-paced lodging-only module | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | Works editing class**\*** | | | | | | | | | | | | | | | | | | | | | Date (mm/dd/yyyy) | | | | | | | | | | | | | | |  | | | | | | | | |
|  |  | | | New Administrator class**\*** | | | | | | | | | | | | | | | | | | | | | | Date (mm/dd/yyyy) | | | | | | | | | | | | | | |  | | | | | | | |
|  |  | | | P-card Summit | | | | | |  | | | A.M. | | |  |  | | | P.M. | | | | | Date (mm/dd/yyyy) | | | | | | | | | | | | | |  | | | | | | | | | |
|  |  | | | Webinar / Other | | | | | | | | | | | | | | | | | | | | | Date (mm/dd/yyyy) | | | | | | | | | | | | | | |  | | | | | | | | |
|  | **\*** | | | | *Requires completion of corresponding self-paced module and access to posted transactions* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | **P-Card Role (check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Agency P-card Administrator | | | | | | | | | | | | | | | | | | | | | | |  | | | | Works Accountant | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Agency P-card Approving Official | | | | | | | | | | | | | | | | | | | | | | |  | | | | Proxy Reconciler | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Auditors | | | | | | | | | | | | | | | | | | | | | | |  | | | | Other | | | |  | | | | | | | | | | | | |
|  | | | P-card Holder | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | | | | | | | | |
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| State Agency / Entity P-card Administrator Signature (required) | | | | | Date |
|  | |
|  | State Agency / Entity P-card Administrator Printed Name | | |
|  | | | | | | | |