**LFS Advanced TA Skills Certificate Program Training Form**

TA full name:

TA email address:

Date of training:

Who offered the training (e.g., UBC CTLT, LFS TA Training Program):

Please indicate which of the following concept area this training is being submitted for:

Teaching fundamentals (n=3 trainings required)

Equity, diversity and Inclusion (n=1 training required)

Teaching theory & Pedagogy (n=1 training required)

In 2-3 sentences please describe one key learning you had in this training event and how it will help you in your role(s) as an LFS TA.