



Training(s) Received:

Training Provider(s):

Dates of Attendance (by training type):

I hereby attest that I attended and completed all the required training classes to complete the training(s) listed above. By signing below, I certify under penalty of perjury that the foregoing is true and correct.

Employee Signature_____

Date_____

Print name_____

STATE OF NEW YORK)
 : SS.:
COUNTY OF)

On the____day of_____ in the year 201__ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public