

*Completed the following training:*

□ **Open Public Records Act Training** (RCW 42.56)

□ **Open Public Meetings Act Training** (RCW 42.30)

□ **Records Retention/Management Act Training** (RCW 40.14)

**Date Training Received**: [Date]

**Sponsor** (Organization/agency providing training): [Sponsor Name]

**Format:**

□ In-person training by: [Name of trainer(s)]

□ Online Training (including webinars): [List website address, online materials viewed, name(s) of webinar presenter, other relevant information]

□ Other format: [Describe]

*I hereby certify that I received this training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature & Position or Title*

# certificate of TRAINING