Washington State Archives

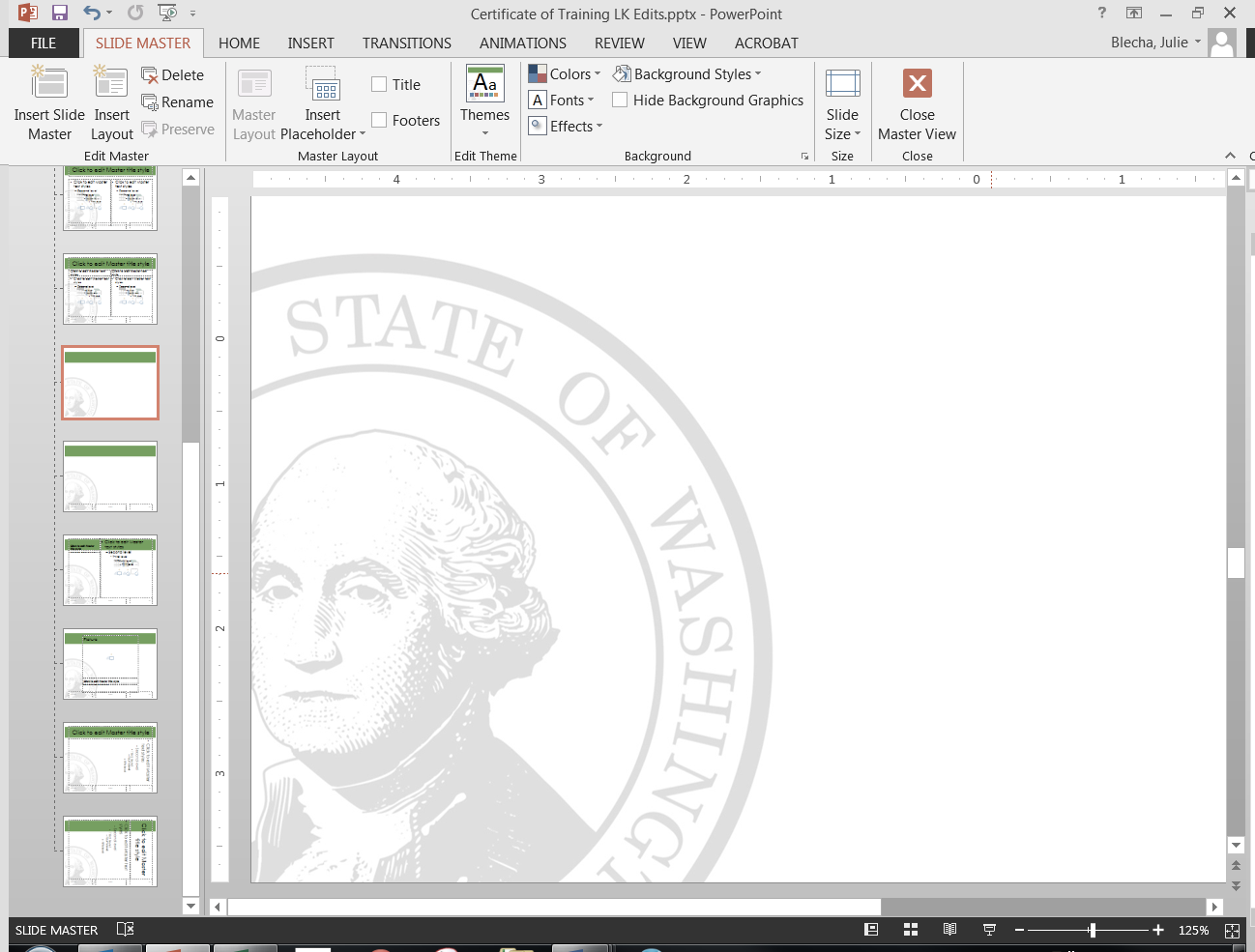
CERTIFICATE OF TRAINING

# [NAME]

## [Entity/Agency]

*Completed the following training:*

[Name of Training]

Date Training Received: [Date]

Credit Hours: [# of hours]

**Format:**

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

Online training by: [Name of trainer(s)]

Other format: [Describe]

***I hereby certify that I have completed this training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature & Position or Title***

