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***

