

BROWARD COUNTY ETHICS TRAINING CERTIFICATION

Name: _____ Office: _____

I hereby certify that I have received at least four hours of training as required by Section 1-19, Broward County Code of Ordinances, including two hours of interactive training, during the calendar year ending _____.

<u>Name or Description of Training Session</u>	<u>Date and Length of Training (in hours)</u>	<u>Training Method (Check Only One)</u>
	Date: _____ Length: _____	☐ Online Group (Interactive) ☐ Online Individual (Interactive) ☐ In Person Group (Interactive) ☐ In Person Individual (Interactive) ☐ Recorded Material
	Date: _____ Length: _____	☐ Online Group (Interactive) ☐ Online Individual (Interactive) ☐ In Person Group (Interactive) ☐ In Person Individual (Interactive) ☐ Recorded Material
	Date: _____ Length: _____	☐ Online Group (Interactive) ☐ Online Individual (Interactive) ☐ In Person Group (Interactive) ☐ In Person Individual (Interactive) ☐ Recorded Material
	Date: _____ Length: _____	☐ Online Group (Interactive) ☐ Online Individual (Interactive) ☐ In Person Group (Interactive) ☐ In Person Individual (Interactive) ☐ Recorded Material
	Date: _____ Length: _____	☐ Online Group (Interactive) ☐ Online Individual (Interactive) ☐ In Person Group (Interactive) ☐ In Person Individual (Interactive) ☐ Recorded Material

Signature of Elected Official: _____ Date: _____