# BROWARD COUNTY ETHICS TRAINING CERTIFICATION FOR NEWLY ELECTED OFFICIALS

Name: _____ Office: _____

*I hereby certify that I have received at least four hours of training, including two hours of interactive training, between election and 120 days after taking office as required by Section 1-19, Broward County Code of Ordinances.*

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

Signature of Elected Official: _____Date: _____