## CERTIFICATE OF COMPLETION Board of Trustee Continuing Education

| Date: Time begun: Time ended: EDUCATION PROVIDER: |
|---|
| Time ended:                                       |
|   |
| EDUCATION PROVIDER:                               |
|   |
| FORMAT OF COURSE: (On-line, in person)            |
| NAME OF COURSE:                                   |
| BRIEF FORMAT and CONTENT OF COURSE:               |
|   |
| REASON WHY NO COMPLETION CERTIFICATE AVAILABLE:   |