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 ____________________.

Name or Description of Training Session	**Date and Length of Training (in hours)**	**Training Method (Check Only One)**
	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: ___________________________

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