

CERTIFICATE OF TRAINING

TYPE NAME HERE

Completed the following training:

(Check Box(es) for Training Completed)

- Public Records Act Training** (RCW 42.56)
- Open Public Meetings Act Training** (RCW 42.30)

Date Training Received: **TYPE DATE(S) HERE**

Sponsor (Organization/agency providing training): Washington State Attorney General's Office

Format:

- Online Video Training

I hereby certify that I received this training: _____
Signature & Position or Title