



Kentucky County Treasurers Certification Program

Training Proof of Attendance Form



Name: _____

Date: _____

County: _____

Email: _____

Phone: _____

Fax: _____

***Note:** If the training course has not already been approved as a piece of core content or an approved elective course you must first complete a Training Approval Request Form to have the course approved for training credit.*

Training Title: _____

Training Date(s): _____

Training Length (Hours/Minutes): _____

Training Provider: _____

Training Location: _____

I do hereby certify to my knowledge that the above information is correct and that I have completed the training session for the duration of time stated.

Signature _____

Date _____

FOR DLG USE ONLY

Approved: _____

Date: _____

Hours: _____

Denied: _____

Date: _____