



VERMONT MUNICIPAL CLERKS & TREASURERS ASSOCIATION

Certification Program

Education Course Verification Form

I HEREBY CERTIFY THAT _____

OF THE TOWN/CITY OF _____

HAS SUCCESSFULLY COMPLETED A TRAINING FOR _____ HOURS

ENTITLED _____

HELD AT _____

ON THIS _____ DAY OF _____, 2_____.

SPONSORED BY: _____

BY _____
PRESENTER