



Form C – Annual Certification

Section 1: Contact Information

Institution _____

Name _____

Title _____

E-mail _____

Phone _____

Section 2: Listing of Board Members

Name of Board Member

Date of Appointment

Training Hours

Name of Board Member

Date of Appointment

Training Hours

Name of Board Member

Date of Appointment

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Training Hours

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Date of Appointment

Training Hours

(Please use additional pages if necessary.)

Section 3: Statement of Certification: I hereby certify that the above training was completed.

Signature of Chair

Date

(This form is due to the Chancellor's Office by July 31, 2017 for the preceding fiscal year, July 1, 2016 to June 30, 2017.)

FOR CHANCELLOR'S OFFICE USE ONLY

Received Date: _____

Other: _____