



**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

\_\_\_\_\_  
Training Hours

\_\_\_\_\_  
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

\_\_\_\_\_  
Training Hours

\_\_\_\_\_  
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

\_\_\_\_\_  
Training Hours

\_\_\_\_\_  
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

\_\_\_\_\_  
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, 2019 for the preceding fiscal year, July 1, 2018 to June 30, 2019.)*

**FOR CHANCELLOR'S OFFICE USE ONLY**

Received Date: \_\_\_\_\_

Other: \_\_\_\_\_