TRAINING CERTIFICATION FOR CONFLICT OF INTEREST ETHICS COURSES

I understand that because I am required to file a Form 700, I am also required to complete two approved Conflict of Interest ethics courses, one offered by the Office of the Attorney General and the other offered by the Department. **These training courses must be repeated every two calendar years.**

Provide original of completed form to your immediate supervisor and retain a copy for your records. Supervisors must retain the original certification form for a period of not less than five (5) years following the date the training course was completed.

I hereby certify that I have completed the self-study course(s) marked below:

| Name: (type or print) | | | Please indicate the course(s) you have completed and sign below: |
|--------------------------|-----|-------------|--|
| Classification: | | | ☐ Ethics 1—Ethics Orientation (Department of Justice) |
| Telephone number: |) - | | Date completed: / / |
| Section: | | | Ethics 2—Ethics Orientation |
| Section. | | | (Department of Health Services) |
| Branch: | | | Date completed: / / |
| Division: | | | |
| Office address: | | | |
| MS code: | | | |
| City: | | ZIP ode: | Your signature: |