|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This Certifies | (enter name(s) of resource provider) | | | |
| Department Vendor Number | |  | | |
| Completed | | ( enter name of in-service training) | | |
| Training Credit Hours | | Training Code | |  |
| Date Training Completed | |  | | |
|  | | | | |
|  | | |  | |
| Resource Signature | | | Resource Signature | |
|  | | |  | |
|  | | | Worker Signature | |
|  | | | CD-99(rev4/15) | |