|  |  |
| --- | --- |
| 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) |