

ELECTED OFFICIAL CERTIFICATION OF TRAINING COURSES

I, _____, the duly elected _____
Print Name *Title*

for _____ certify that I received the required training
Political Subdivision

described in IC _____ .
Indiana Code

Enter number of training course hours:

First year of term: _____

Second year of term: _____

Third year of term: _____

Fourth year of term: _____

Date

Signature

Statutory References:

County Auditor	IC 36-2-9-2.5
County Treasurer	IC 36-2-10-2.5
County Recorder	IC 36-2-11-2.5
County Clerk	IC 33-32-2-9
City Clerk Treasurer / Controller	IC 36-4-10-8
Town Clerk Treasurer	IC 36-5-6-10
Township Trustee	IC 36-6-4-20

This certification should be filed annually with the State Board of Accounts by uploading it here:

https://gateway.ifionline.org/sboa_EOTC/