



Colorado Certified Records Network

CERTIFICATE OF COMPLETION

this certifies that

attended a training course on _____ consisting of ____ hours of instructions titled:
(date)

Location: _____

This certificate of completion, signed below by the facilitator of the named course, certifies attendance and participation by the above named individual for partial fulfillment of points towards Colorado Certified Records Network re-certifications

Presenter Name: _____

Presenter Title: _____

Office Use Only

Date Recorded _____

Point Value _____