

**CERTIFICATION OF COMPLETION OF  
FREEDOM OF ACCESS TRAINING REQUIRED BY 1 M.R.S.A. § 412**

I, \_\_\_\_\_, hereby certify that I have met the  
*(Name of elected official)*

training requirements set forth in M.R.S.A. § 412 on \_\_\_\_\_ by  
*(Date of training)*

completing the following training.

- A thorough review of all of the information made available on the Frequently Asked Questions portion of the State Freedom of Access website, [www.maine.gov/foaa/faq](http://www.maine.gov/foaa/faq).
- Another training course that includes this information, identified as follows:

\_\_\_\_\_  
*(Title of course)*

\_\_\_\_\_  
*(Name of course provider)*

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Printed name)*

\_\_\_\_\_  
*(Elected office)*