

**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.
- 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)