

Southern Ohio Council of Governments
County Board Employee Certification
Continuing Education Completion Verification Affidavit

(Please complete this affidavit in lieu of submitting copies of documents awarding CEUs/hours of completed professional continuing education and submit with the certification application.)

Applicant Name: _____

County Board: _____

Adult Services Worker (40 hrs)

Adult Services Supervisor (75 hrs)

Service and Support Administrator (60 hrs)

Service and Support Administration Supervisor (75 hrs)

Applicant has completed the required (fill in number of hours) _____ hours/CEUs to renew certification.

By signing below, the applicant attests he/she has completed the required hours of training and acknowledges he/she may be required to provide proof of said trainings if selected for audit or otherwise requested.

Applicant's Signature: _____ Date: _____