

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

I, _____, hereby certify that I have met the training requirements
(Name of elected official)

set forth in M.R.S.A. § 412 on _____ by completing the following training.
(Date of 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 _____, _____.
Month Year

(Signature)

(Printed name)

(Elected office)

[NOTE: Training must be completed within 120 days after an elected official takes the oath of office.]

Adopted: November 5, 2008

Reviewed: April 13, 2017