

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  
*(Name of elected official)*

requirements set forth in 1 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 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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Elected Office*

**Note:** Training must be completed within 120 days after an elected official takes the oath of office.