

REGIONAL SCHOOL UNIT NO. 18

File: BIC-E

**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 _____, 200__.

(Signature)

(Printed name)

(Elected office)

[NOTE: Training must be completed within 120 days after an elected official takes the oath of office or, for elected officials serving in office on July 1, 2008, by November 1, 2008.]