



AFFIDAVIT OF TRAINING COMPLETION

Program Name: _____

Program Location: _____

Today's Date: _____

Training Program

Training Program

Start Date: _____

Completion Date: _____

I certify that the information and statements submitted in the attached progress charts, its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information.

I understand that any information, misinformation or misrepresentation may result in the program candidate's dismissal from the certification process.

Program Coordinator Signature: _____

Program Coordinator Name: _____

Date: _____

For MFSI Office Use Only:

Received
by: _____

Date _____