AFFIDAVIT OF TRAINING COMPLETION

Training Program Name: _____

Training Program Location: _____

Program Start Date: _____ Program 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 dismissal of certification program from any and/or all program candidates.

The following candidates have successfully completed all aspects of the program listed above.

Program Coordinator or Instructor Signature: _____

Program Coordinator or Instructor Print Name: _____

Date: _____

For MFSI Office Use Only:	
Received by:	Date