



Certificate of Completion of an Approved Alcohol Training Awareness Program

This Certificate of Completion expires three years from the date of the program session

School Information

Name of School	School Certificate of Approval Number
_____	_____
Program Location (Classroom Only)	Program Instructor (Classroom Only)
_____	_____
Program Type (On-Premises or Off-Premises)	Program Number and Date
_____	_____

Student Information

Name of Student _____

Student's Home Address _____

City, Town, or Village / State / Zip Code _____

Email Address _____

Currently Employed by: _____

STUDENT CERTIFICATION: BY SIGNING BELOW OR MARKING THE CERTIFICATION BOX ONLINE, I CERTIFY THAT I EITHER ATTENDED THE PROGRAM DESCRIBED ABOVE OR COMPLETED THE ENTIRE ONLINE COURSE AND AM ENTITLED TO BE ISSUED A CERTIFICATE OF COMPLETION.

Signature _____ **Date** _____

INSTRUCTOR OR SCHOOL CERTIFICATION: I CERTIFY THAT I WAS EITHER THE INSTRUCTOR IN CHARGE OF THE PROGRAM OR THE DIRECTOR OF THE SCHOOL DESCRIBED ABOVE AND THAT THE ABOVE STUDENT SUCCESSFULLY COMPLETED THE ENTIRE PROGRAM.

Signature _____ **Date** _____