Statement of Formal Training

Auditor shall provide evidence of at least 40 hours training in the past 3 years. Please attach documentary evidence, such as certificates earned, agendas, etc.
Copy and attach additional pages as necessary.

Date In past 3 years	Number of CPD/CPE/Course Hours	Description of Course	Provider Name, Address and Telephone Number
Date_____ ☐ **Attendee** ☐ **Instructor**			
Date_____ ☐ **Attendee** ☐ **Instructor**			
Date_____ ☐ **Attendee** ☐ **Instructor**			
Date_____ ☐ **Attendee** ☐ **Instructor**			
Date_____ ☐ **Attendee** ☐ **Instructor**			

I hereby certify that the information stated above is true and correct.

_____ _____ _____

Printed name of Applicant **Signature of Applicant** **Date**