**STATE OF CONNECTICUT**

**OFFICE OF STATE ETHICS**

**PUBLIC OFFICIAL AND STATE EMPLOYEE TRAINING**

**CERTIFICATION OF COMPLETION**

**Employee Name:**

**Employee Agency:**

***I hereby certify that I am in compliance with the Code of Ethics and have completed the self-study and viewing of the web-streaming video:***

***Top Ten Rules for State Employees and Public Officials***

**Date of Training Completion:**

**Employee Signature:**

**Supervisor Signature:**