



STATE OF CONNECTICUT

DEPARTMENT OF EMERGENCY SERVICES and PUBLIC PROTECTION DIVISION OF SCIENTIFIC SERVICES



Guy M. Vallaro, Ph.D.
Director

Chemical Analysis Section Continuing Education Form

Name: _____
(PRINT NAME)

The following training activities have been previously discussed with and agreed to by a Lead Examiner/Supervisor as part of the requirements of the Section's continuing education requirement within its training program:

Date Completed	Training Activity Title	Training Medium (e.g., Class, Symposium, Online)	Supervisor Approval	Employee Initials	Hours

I intend to apply what I have learned in the following areas.
(Describe how you intend to use this training in your current position):

I, _____ hereby certify that I have completed the above training activities.

Signature

Date

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