CERT Graduate Class Report Form

County:	**Dates of Training:**		**# of students that Completed CERT course:**
Name of School or Youth Group in which students are affiliated			
Location of Training: *Name of Venue & Address*			
CERT Training Coordinator's Information	**Name:**	**E-mail**	**Affiliation**

Instructor(s) Information

Name	Address	Phone	E-mail	Organization Affiliation, or Area of Expertise