

CERT Graduate Class Report Form

| County: | | Dates of Training: | | | | # of students that | | |
|--|--------------|--------------------|-------|---------|--------|------------------------|---------------------|-----------|
| | | | | | | Completed CERT course: | | |
| Name of School or You | ıth | | | | | | | |
| Group in which students are | | | | | | | | |
| affiliated | | | | | | | | |
| Location of Training: | | | | | | | | |
| Name of Venue & Address | | | | | | | | |
| CERT Training Coordinator's | | Name: | | E-mail: | | | Affiliation: | |
| Information | | | | | | | | 1 |
| Instructor(s) & Class Assistant(s) Information | | | | | | | | |
| | | | | | | | Organization | |
| | | | | | | | Affiliation, and/or | Volunteer |
| Name | Name Address | | Phone | | E-mail | | Area of Expertise | Hours |
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