2009 ETHICS TRAINING

VIDEO ATTENDANCE CERTIFICATION

Please complete this form, which must be signed by both you and your supervisor (i.e., your district director, chief of staff, or employing Member), verifying that you have watched an entire 2009 ethics training video for current employees. Employees who work for more than one Member or committee should list all of their employing Members or offices. Once completed, fax this form to the Standards Committee at (202) 225-7392.

I,	, certify that I watched an entire ethics training video for	
2009 lasting approximately one ho	our on the topic of	
Date Watched:		
Employing Member or Committee:		
Office Address:		
Office Phone Number:		
	Employee Signature	Date
Supervisor Name (print):		
Supervisor Signature:		
Date:		