

## ETHICS TRAINING CERTIFICATION

I, \_\_\_\_\_ (PLEASE **PRINT** YOUR NAME), of  
\_\_\_\_\_ (Office Code, e.g., SOL-Ethics Office),  
certify that I have received a minimum of 1-hour of Ethics Training for this  
calendar year. I understand the ethics concepts and principles presented during this  
training. I know that I can contact the Departmental Ethics Office by telephone  
(202) 208-7960, email DOI\_Ethics@ios.doi.gov, or in person with questions about  
this training or other ethics inquiries.

Date of the training: \_\_\_\_\_

Type of training taken (please give some specificity, such as which satellite  
broadcast you watched, which agency's computer-based training modules you  
used, what ethics subjects you read about, etc.):

- \_\_\_\_\_ Read the revised Ethics Guide
- \_\_\_\_\_ Read other materials (please specify)
- \_\_\_\_\_ Satellite broadcast
- \_\_\_\_\_ Watched videotape or DVD of a satellite broadcast
- \_\_\_\_\_ Computer-based training modules
- \_\_\_\_\_ Live ethics training

Notes regarding the type of training taken:

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Who was the training instructor (if known ) \_\_\_\_\_

Please return this Ethics Training Certificate to the Departmental Ethics Office,  
1849 C Street, NW, Room 4257, Washington, DC 20240 or via email at  
DOI\_Ethics@ios.doi.gov.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Supervisor's Signature Date