



Completed forms can be submitted through the ACO Submission Portal

MASSACHUSETTS ANIMAL FUND ANIMAL CONTROL TRAINING INSTITUTE

Request for Continuing Education Credits

Upload this form and certificate of completion (if available) into Portal.

OFFICER INFORMATION

Name: _____ Date Submitted: _____

Municipality/Municipalities _____

COURSE INFORMATION

Date of Course	Title of Course	Presenting Organization	Summary of Course Material	Duration in Hours
Total Number of CEUs Hours Requested				

CERTIFICATION

I certify that this ACO completed the course listed.

ACO Signature: _____

Supervisor/Organizer Name: _____ Signature: _____

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www.mass.gov/forms/animal-control-officer-request-for-continuing-education-credits-form