



**MASSACHUSETTS ANIMAL FUND ANIMAL CONTROL TRAINING INSTITUTE**

*Request for Continuing Education Credits*

*\*\*Attach course flyer and certificate of completion if available\*\**

**OFFICER INFORMATION**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Municipality/Municipalities \_\_\_\_\_

**COURSE INFORMATION**

Date of Course	Title of Course	Presenting Organization	Summary of Course Material	Duration in Hours
<b>Total Number of CEUs Hours Requested</b>				

**CERTIFICATION**

I certify that this ACO completed the course listed.

ACO Signature: \_\_\_\_\_

Supervisor/Organizer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Completed forms need to be sent to [sheri.gustafson@mass.gov](mailto:sheri.gustafson@mass.gov),  
or Mass Animal Fund @ 251 Causeway Street Suite 500, Boston, MA 02114