



MASSACHUSETTS ANIMAL FUND ANIMAL CONTROL TRAINING INSTITUTE

Request for Continuing Education Credits

Attach course flyer and certificate of completion if available

OFFICER INFORMATION

Name: _____

Municipality: _____

COURSE INFORMATION

Presenter: _____ Date of Course: _____

Title of Course: _____

Duration of Course in Classroom Hours: _____

Briefly describe something you learned during this course and how that knowledge will improve your work as an animal control officer:

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,
or Mass Animal Fund @ 251 Causeway Street Suite 500, Boston, MA 02114