



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: _____

Municipality: _____

COURSE INFORMATION

Presentor: _____ Date of Course: _____

Title of Course: _____

Duration of Course in 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: _____