



# CLARKSVILLE COMMUNITY SCHOOLS

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## INTERNAL CONTROLS TRAINING CERTIFICATION FOR ELECTED OFFICIALS, APPOINTEES, AND EMPLOYEES

I, \_\_\_\_\_, the duly elected, appointed, or employee  
(print name)

\_\_\_\_\_ for \_\_\_\_\_ certify that I  
(position or title) (building location)

received the following training concerning internal controls standards and procedures as  
required by Indiana Code 5-11-1-27(g)(2):

Title of Training:

Time Spent:

**Internal Controls Webinar**

**26.5 minutes**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\*PLEASE NOTE:** The Internal Controls Webinar must be watched and this certification form turned in to your supervisor and/or principal.