



CLARKSVILLE COMMUNITY SCHOOLS

Office of the Superintendent • 502 Little League Blvd. • Clarksville, IN 47129
(812) 282-7753 • FAX (812) 282-7754

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:
Internal Controls Webinar

Time Spent:
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.