



\_\_\_\_\_

Print Name

\_\_\_\_\_

Department / Office / Board / Committee

\_\_\_\_\_

Email

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**~ ACKNOWLEDGMENT OF RECEIPT ~**

In accordance with Massachusetts General Laws, Chapter 28 of the Acts of 2009,  
I have been furnished a copy of the **Conflict of Interest Law**.

**~ACKNOWLEDGMENT OF REQUIRED ONLINE TRAINING PROGRAM ~**

All municipal employees, Board or Committee members and volunteers  
are required to participate in an online training program within  
30 days of beginning public service, and every 2 years thereafter.

I, \_\_\_\_\_, hereby acknowledge that I received a  
(first and last name)

copy of the Summary of the conflict of interest law for municipal employees on  
\_\_\_\_\_. I further acknowledge that I am required to participate in  
(Date)

the online training program and submit my certificate of completion to the Town  
Clerks office by \_\_\_\_\_.  
(30 days from today)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\*\*\*\*\*

Office use only:

State Ethics Commission Training Receipt Received: \_\_\_\_\_