

STATE OF INDIANA

DEPARTMENT OF LOCAL GOVERNMENT FINANCE



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CONTINUING EDUCATION CREDIT FORM

This form must be completed in its entirety. Participants should retain a copy of this form for their records. Additional information, such as a copy of the program agenda, brochure, or outline, may be requested by your governing body.

Course Title: Disasters: When Not If

Instructor: Barry Wood

Location: Online Webinar

Date: August 19, 2026

Start & End Time:

Number of CE Hours: 1 hour

Your Name:

Title:

County:

Taxing Unit Name (if applicable):

Address (work):

Daytime Phone:

Home /Cell Phone:

Email:

By signing this form, I certify that I have attended the above-named course.

Date

I hereby certify that the person listed above attended the course as indicated.

(supervisor initials) _____

Retain your records and/or submit them to your oversight body.