



TOWN OF PEMBROKE PARK

3150 S.W. 52ND AVENUE · PEMBROKE PARK, FLORIDA 33023 · BROWARD (954) 966-4600 · FAX (954) 966-5186

I hereby certify that I received a minimum of eight (8) hours of continuing education training on the topic of public service ethics during calendar year **2014**.

Name of Town Commissioner: Ashira Mohammed

Signature of Commissioner: 

Date: 12/3/14

ANNUAL TRAINING CERTIFICATION FORM
FOR ELECTED OFFICIALS

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: Ashira Mohammed

TITLE: Commissioner

GOVERNMENTAL ENTITY: Town of Pembroke Park

CURRENT TERM BEGAN ON: 03/09/2011

CURRENT TERM EXPIRES ON: 03/10/2015

REPORTING PERIOD: CALENDAR YEAR 20 14

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:
Date(s) of training: _____
Entity providing training: _____
Amount of training provided: _____

ALL OFFICIALS CHECK AND COMPLETE ONE OF THE FOLLOWING THREE BOXES:

I CERTIFY that I was in office during the entire calendar year being reported and participated in eight (8) hours or more of training in public service ethics during the reporting period, as follows:
Date(s) of training: 10/28/2014 11/02/2014
Entity providing training: Florida Bar Association
Amount of training provided: 8 hours

I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:
Number of full calendar months in office in the calendar year being reported: _____
Date(s) of training: _____
Entity providing training: _____
Total amount of training provided (including any reported above): _____

I CERTIFY that I took office on or after October 1 of the calendar year being reported.

CHECK AND COMPLETE IF APPLICABLE:

Check here if this form amends a previously filed form. THIS FORM REPLACES ALL PREVIOUSLY FILED FORMS FOR CALENDAR YEAR 20 _____

SIGNATURE OF ELECTED OFFICIAL: 

DATE OF SIGNATURE: 12 / 10 / 20 14
Month Day Year