



SUPERVISOR & STAFF ONLINE TRAINING

Completion Report

NAME:
TITLE:
DISTRICT:
DATE OF COMPLETION:

Quiz Results: (please list score for each module; you must earn a 70 or higher on each quiz to receive credit)

_____ GACD
_____ Conservation District Basics
_____ District Responsibilities
_____ Becoming a District Supervisor
_____ Meeting Specifics
_____ Sunshine Laws
_____ The Power of Partnerships
_____ Legislative Advocacy
_____ Development and Outreach
_____ Tips for Success
_____ Erosion & Sediment Control

I certify I have completed all modules and received the scores above.

Signature: _____

District Chair certifies I completed all modules.

Signature: _____

Please return completed form to info@gacd.us.