

Statement of Employment Status

Please complete this statement to ensure compliance with Attorney General's Opinion #15274 regarding the Mississippi Education and Certification Program's Recertification Course.

I _____, certify that I am a
(Print name)

Check One:

_____ Government employee (currently employed by the county or state)

_____ Not a government employee (retired, private contractor, individual, etc.
not employed by any government)

County/Firm/Agency: _____

Signature: _____ Date: _____

Please Submit the Appropriate Fee (if applicable):

() Government employee	\$ 0.00
() Not a government employee	\$ 20.00

Payment (make payable to the Center for Governmental Training & Technology):

_____ Enclosed

_____ Will pay on site (no cash or credit cards please)

Please Return To: Center for Governmental Training & Technology
ATTN: Recertification Course
Box 9643
Mississippi State, MS 39762

662-325-8954 (fax)