

Advisory Board Training Completion Form

Board member name: _____

Advisory board name: _____

By signing this document, I acknowledge that I have viewed the required training videos mandatory for all advisory board members within the first six months of appointment (as specified on the Marion County website, <https://www.marionfl.org/my-commissioners/advisory-boards/advisory-board-member-training>)

I also acknowledge that other resources concerning ethics, as well as the advisory member handbook have been made available to me via the County website.

Board member signature: _____

Board member name (print): _____

Date: _____

Please fill this form out completely and return to the Board of County Commissioners Office at Marion County BCC, 601 SE 25th Avenue, Ocala, FL 34471. You can also email your completed form to: Commissionadmin@marionfl.org.