



# Board of Elections National Voter Registration Act Agency Employee / Coordinator Training Annual Certification

## Employee Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Position/Title \_\_\_\_\_

## Assigned Department

Department \_\_\_\_\_

Location \_\_\_\_\_

Supervisor \_\_\_\_\_

## NVRA Training Information

Date of Training \_\_\_\_\_

Training Location \_\_\_\_\_

Under the requirements of the National Voter Registration Act of 1993 (NVRA), each counselor, employee, or representative responsible for providing public assistance must receive annual training voter registration training. This certificate is valid for only one year from the date of training.

I hereby certify that required NVRA voter registration training was completed, as prescribed by the Rhode Island Board of Elections.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor or Trainer Signature

\_\_\_\_\_  
Date