



*Louisiana Parent Teacher Association*

# Training Certificate

Trainee's Name: \_\_\_\_\_

PTA's Full Name: \_\_\_\_\_

Course Name	President's Signature
_____	_____
_____	_____
_____	_____
_____	_____

I certify that training was received.

Trainee's Signature: \_\_\_\_\_

For details on training, see [LouisianaPTA.org/training](http://LouisianaPTA.org/training).

Save this as proof of training for LAPTA Active Affiliation Report. For details, see [LouisianaPTA.org/activeaffiliation](http://LouisianaPTA.org/activeaffiliation). Accepted file formats are pdf, png, jpg, and more.