

# Certificate of Training

**Department of Homeland Security / Federal Emergency Management Agency  
Chemical Stockpile Emergency Preparedness Program**

The undersigned hereby affirms that they have viewed the video training listed below:

Emergency Planning For People with Access and Functional Needs

Completed On \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name