

## 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 ..... \$12.00

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)