

**Resource Sharing Project E-Learning Course for Board of Directors**  
**Board Member Certification of Training**

**Agency:** \_\_\_\_\_

**Board Member Name:** \_\_\_\_\_

**Date Board Member Joined Board:** \_\_\_\_\_

**Date online Board Member E-Learning Series completed:** \_\_\_\_\_

**Agency receives OVW funding and Board Member completed Module 2: Section 3: 8.2. YES NO**

**Agency is Tennessee Coalition to End Domestic and Sexual Violence and Board Member completed  
Module 1: Section 3 YES NO**

**I, the undersigned, certify that I have completed the online Board Member E-Learning Series  
located at <http://www.resourcesharingproject.org/e-learning-course-boards-directors> and all  
requirements as set forth in the above information provided.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_