

CERTIFICATE OF COMPLETION

OF SEXUAL HARASSMENT PREVENTION TRAINING, IN COMPLIANCE WITH NY STATE LAWS

(as of the date of completion listed below)

*Course material provided by the New York State Podiatric Medical Association's Legal Benefits Plan.
This certificate attests that the above participant correctly answered all post-training questions provided by
NYSPMA's Legal Benefits Plan.*

I, _____, **Certify that I completed interactive online Sexual Harassment
Prevention Training on _____, 2025, pursuant to my employment with
_____.**

Participant Signature

Date

Employer Signature

Date

*By signing this certificate of completion, the above listed employer confirms the integrity of the administration of all
portions of this training program—provided by NSYPMA's Legal Benefits Plan— and agrees to accept sole
responsibility for maintaining record of this certificate of completion.*