

Insert Designated Provider Agency
Logo Here

Participant's Name:

Participant's Email Address:

INSERT DESIGNATED PROVIDER AGENCY NAME

Insert Designated Provider Agency Address

CERTIFICATE OF CONTINUING EDUCATION

Title of CE Offering:

Location (City, State):

Date(s):

This signed Certificate of Continuing Education Hours affirms that the individual name above attended this continuing education activity endorsed by *(Insert Designated Provider Agency Name Here)*.

This activity, for *(insert number of CE hours received by the participant)* hour(s) of CE hours for full attendance/successful completion, has been awarded by *(insert agency name)* which is a designated provider of continuing education for the DMH *(insert name of credentialing program)*.

The CE evaluation form for each session was handed out at the end of the session. All signed and submitted participant evaluation forms have been cross-referenced against the certificate of continuing education issued. Participant evaluations must be received in order to receive credit. This is a certified form confirming the number of CE hours earned by the participant.

*Signature of Designated Provider Agency
Representative with title*

Date of Approval

Any dispute regarding CE hours must be made to the Designated Provider Agency within 90 days of the CE offering.