NAME OF SPONSORING AGENCY OR ORGANIZATION

Is an approved provider/program by the State of Ohio Counselor, Social Worker and Marriage & Family Therapist Board

This Certificate of continuing Education is awarded to

Name of participant

License number: _____

Who has completed the course:

Title of the Program

(multi-part series need to be specified)

Held on _____ in _____ credit hours earned_____

Date City, State

approved by the **State of Ohio Counselor Social Worker and Marriage & Family Therapist Board**: _____

Board approval number

Hours of ETHICS: _____
Hours of SUPERVISION: _____
Distance Learning: _____

_____

Signature of the instructor or official representative of the sponsoring organization