



Couple & Family Institute of New England

CE Sign-in and Verification Form

Course Title: Sexual Identity, Gender Identity: Staying Current in a Rapidly Changing Landscape

Hours: 6 Hours

Date Attended:

CE Type Purchased (please circle as appropriate): Psychology LMFT LMHC Social Work

CE Credits offered: 6

(Note: The following includes required elements of your certificate for Social Work CE credits):

Name & Title, Degree, License _____

Address: _____

Email: _____ Tel. No.: _____

Lic. No.: _____ State: _____

By signing this form, I am confirming that the information entered above is correct and that I viewed the video presentation and completed the questions and evaluation forms for each.

Signature, Title, License

Date

Please email completed post-test, evaluation and this form to:

mweinberg@amegoinc.org

Tel.: 321-541-1972