



CE Completion Verification Form

Please complete this form and submit for Processing Your CE certificate
Please be sure to submit your evaluation and answers for CE Questions so we
can process your CE certificate.

Event Title: Translating Trauma-Informed Care Concepts into Practice with Justice-Involved Clients

Instructors: Jill S. Levenson, Ph.D., LCSW, Gwenda Willis, PhD, PG Dip Clin Psych., & David S. Prescott, LICSW

Date completed/attended: _____

of CE Credits: 4

License Type: __ LCSW __ LSW __ LICSW __ Psychologist ____ Other: Specify _____

Name, Degree & Title: _____

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By signing this form, I am confirming that I am the participant who has completed this course and post-test, and on the date entered above.

Signature, Degree, License Type

Date

Note: You may use the “fill and sign” function in Adobe Acrobat Reader DC, or DocuSign to sign and date electronically, or print, hand-sign, scan and mail to us. Also, please be sure to return the completed evaluation form via email, and post-test answers for asynchronous events and programs. Please email this completed form, the evaluation and CE answers to me at the address below.

Amego Prepare
Email: mweinberg@amegoinc.org
Phone: 321-541-1972

Thank you!