

G. SAMPLE: CEU CERTIFICATE OF COMPLETION

(Name of Agency)
(Street/PO of agency, City, state, zip)

Certificate Of Completion

For the
CEU training

Training Dates:

Location of Training:

Completed by: (name of participant)

Professional License Number:

Hours Attended: # of CEU hours

(Name Training Coordinator), CDVP/CPAIP #:

(Agency name) is approved as a CEU training Site by the Illinois Certified Domestic Violence Professionals