



CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PRESENTED TO

FOR PARTICIPATING IN A SELF STUDY
TRAINING COURSE COVERING THE
MANDATED REPORTING OF CHILD
ABUSE AND/OR NEGLECT BY
VOLUNTEERS

Signature

Date

*BY SIGNING YOUR NAME, YOU ARE CERTIFYING
THAT YOU HAVE VIEWED THE PRESENTATION
AND YOU ARE AWARE OF YOUR RESPONSIBILITY
AS A MANDATED REPORTER.*