



CE Course Completion Verification Form

Please complete this form and submit with the post-test and completed evaluation so we can process your CE certificate.

Please send in a Word document.

Course Title: Cultural Sensitivity Working with Juvenile Sex Offenders and their Families

Presenter: Alejandro Leguizamo, Ph.D.

CE Credits: 1

Type: Webinar

Name, Degree & Title: _____

License Type (official license name): _____

License No.: _____ **State:** _____

Date of completion: _____

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, Title, Certification Type

Date

Note: You may use a DocuSign to sign and date electronically, or print, hand -sign and mail to us. Also, please be sure to return the completed evaluation form via email

Orlando Behavior Health Services
185 Fabyan Rd.
N. Grosvenordale, CT 06255
860-315-0565
Email: orlandobehaviorhealth@gmail.com

Thank you!