



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: Clinical Assessment of Children with Problematic Sexual Behavior: An Overview

Presenter: Jane Silovsky, Ph.D.

Date: 2/13/2018

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

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Thank you!