

Complete the following questionnaire (you may type responses to the items below if preferred – send to licensor along with this signed form). Programs with multiple license holders may complete this together on one form – just make sure both license holders view the video, sign and date the form. By signing the form, you are acknowledging this to be true. Return the completed form(s) to the licensor to verify completion – additional certification is not required.

3. Describe any particular children's mental health topics that you desire additional information/training on.

Date of completion: _____

License Holder: (print)_____ (signature)_____

License Holder: (print)_____ (signature)_____

Updated 06/2020

This Agency is an Equal Opportunity Provider