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Description automatically generated

**Certificate of Attendance**

NAME:

HAS COMPLETED A CONTINUING EDUCATION ACTIVITY

BY ATTENDING

XXX Workshop

Name of Workshop/Conference/Seminar

Speakers: Prof. XXXXX, Ed. Psychologist

Number of hours: 1.5

Date of Attendance:

27 November 2015

Signature of the Speaker/ Date of Signature

Organization Representative

OR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chop of the Organization