

**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

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Chop of the Organization