



National Association of Social Workers  
California Chapter

<Company logo>

## Certificate of Completion

<Name>

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Participant's Full Name

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<Course Title>

<Hours/ CEUs Completed>

<Course Date>

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<Company Name >

Signature

<Approved Instructor First, Last Name> <Credentials>  
<Title> (Print)

This course meets the qualifications for Continuing Education for LCSWs, LMFTs, LPCCs, and LEPs as required by the California State Board of Behavioral Sciences, provided by NASW-CA.

<Name of Company/Organization>  
<company/organization address, city, state, zip>  
<company/organization contact information>