

Sample Certificate
Standard Continuing Education Course

This is to certify that

[Name]
[Professional License Number]

has satisfactorily completed

[Name/Title of Course]

on this _____ day of _____, _____.

[Instructor #1]
[Instructor #2]
[Instructor #3]

[Course Location]
[Course Location Continued]

[TCBAP Provider Number]
[Valid Through]

[Number of Hours Offered]
[Type of Hours Offered]

Continuing Education Coordinator Signature
[Continuing Education Coordinator Name]
[Name of Provider]
[Address, City, State, Zip]
[Telephone Number]

**Your Corporate
LOGO Here**

Complaints about provider or workshop content may be directed to the TCBAP Standards Committee, 401 Ranch Road 620 S, Ste. 310, Austin, TX 78734, Fax No. (888) 506-8123.