

**Sample Certificate**  
**Distance Learning/Independent Study Course**

This is to certify that

*[Name]*  
*[Professional License Number]*

has satisfactorily completed  
an independent study course titled

*[Name/Title of Course]*

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

TCBAP Distance Learning Course  
[Approval Number]

[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, Austin, TX 78734, Fax: (888) 506-8123.*