

Office of Deaf and Hard of Hearing Services (DHHS)
Certificate of Attendance

For providers of approved training events to award DHHS continuing education units (CEUs) for all participants under the statutory authority of Human Resources Code Section 81.006(a)(5).

Participant Information			
Name:		HHS-BEI certificate number of SSN:	
Address:		City:	State: ZIP code:
Signature: X			Date:

Training Information		
Title of training:		
Presenters:		
Date(s) of training:	CEU ID number:	CEU credit:

Certification

I, the approved representative for the above-named training event, hereby verify that the DHHS CEU credits represented on this certificate were well and truly earned by the above-listed participant.

Signature of Authorized Representative: X	Date:
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