*Use Sponsor’s Letterhead*

*Sponsor’s Name*

*Sponsor’s Address*

*City, State, Zip code*

*Sponsor’s Telephone Number*

*Sponsor’s web address (optional)*

*Certificate of Attendance*

*Name of Person Earning Continuing Education Units*

*Title of Approved Training*

*Location of Training*

*Number of CEU’s Awarded for Category I*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title Date of Training

Authorizing Signature(s)

***\_\_ (Sponsor’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized as a provisional sponsor by the Board of Social Work Examiners in Maryland to provide social work continuing education learning activities and maintains full responsibility for this program. This training qualifies for Category I continuing education units.***