The University of the State of New York
The State Education Department

# Certification of Completion (Coursework/Training in Identification and Reporting of Child Abuse and Maltreatment)

**Updated 2022 to include recent amendments to Social Services Law §413 requiring the addition of Adverse Childhood Experiences and Trauma, Implicit Bias, and Identification of Child Abuse virtually.**

## Section I: Trainee Information

**Trainee Instructions: Make sure Section I is complete.** When you have received this form with a completed Section II from the coursework or training provider, submit this **completed form** to the appropriate address at the end of this form. Keep a copy of this form for your records.

**Important Note:** Only this completed form can be accepted as sufficient documentation by the Department that you have completed the required coursework or training. **It is your responsibility to ensure all of the appropriate documentation has been received by the Department** (especially in the case of providers that submit certifications to the Department electronically). Failure to do so will result in not receiving credit for completion of this coursework or training.

1. Social Security Number
*(Leave this blank if you do not have a U.S. Social Security Number)*

2. Birth Date Month Day Year

3. Print Name Last
First
Middle

**Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

4. Mailing Address ☐ Home or ☐ Business
(You must notify the Department within 30 days of any address or name changes)

Line 1
Line 2
Line 3
City
State ZIP Code
Country/ Province

5. Telephone/Email Address
Daytime Phone
☐ Home or ☐ Business
Area Code Phone

Email Address (please print clearly)
☐ Home or ☐ Business

6. New York State DMV ID Number (Driver or Non-Driver ID)
*(Leave this blank if you do not have a New York State DMV ID Number)*

7. If you currently hold or are applying for professional licensure, permit or a teacher certification in New York State, list in what profession(s) or certificate title(s) here: _____

8. I hereby attest that the information provided in Section I of this form is true, complete and correct.

Signature Date

## Section II: Certification by Approved Provider

**Provider Instructions:** Complete Section II. Submit this form to the trainee listed on this form within ten calender days of the completion of the coursework or training. **Important Note:** As the provider of this coursework or training, you **MUST** retain a copy of the certification of completion provided to this trainee in your files for not less than **five years** from the date the course was completed.

Approved Provider Name Child Abuse Prevention Center, Inc.

Identification Number 70009 Dates of coursework/training _____

Pursuant to Chapter 544 of the Laws of 1988, I certify that the trainee named above has completed the required coursework or training regarding the identification an reporting of child abuse and maltreatment.

Signature of Authorized Certifying Officer Date

**If this certification of completion is being submitted in support of an application for New York State Licensure or Permit, Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, [Be sure to give name of profession], 89 Washington Avenue, Albany, NY 12234-1000.

**If this certification of completion is being submitted in support of an application for reregistration of a New York State license:** Make sure to include this completed form with your reregistration application.

**If this certification of completion is being submitted in support of an application for New York State Teacher Certification, Return Directly to:** New York State Education Department, Office of Teaching, 89 Washington Avenue, Albany, NY 12234-1000.