
TOTAL NUMBER OF TRAINING HOURS

<u>Domestic Violence</u>	<u>Group Facilitation</u>	<u>Cultural Diversity</u>	<u>Substance Abuse</u>	<u>Mental Health</u>	<u>TOTAL HOURS</u>
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NUMBER OF BIP SESSIONS:

Observed _____ Co-Facilitated _____
Facilitated _____

I CERTIFY THAT THE FOLLOWING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Program Director

Facilitator

(Print name)

(Print name)

Date

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