

**MVSCP - Certification
Continuing Education Documentation Form**

To be used by the Victim Services Professional, once certified, to document continuing education received through in-service training, seminars, workshops and conferences. The CED form should be signed by the trainer or training sponsor whenever possible and be submitted with the certified renewal application.

Victim Service Professional's Name: _____
Trainer's Name: _____
Trainer's Title: _____
Title of Training: _____
Location of Training: _____
Date Training Received: _____

Indicate the number of training hours of training that was received in the appropriate box below. Provide details where required.

____ hrs. in Advanced Training *Please specify topic(s) of training:*

____ hrs. in Ethics in Victim Services *Please specify topic(s) of training:*

____ hrs. in Victim's Rights *Please specify topic(s) of training:*

To be completed by Trainer or Sponsor of Training:

I certify that the above named individual has successfully completed the training as described on this form.

TRAINER/TRAINER SPONSOR: _____ DATE: _____
(Print Name)

SIGNATURE OF TRAINER/TRAINER SPONSOR: _____