



TEXAS

Department of Assistive
and Rehabilitative Services

Department of Assistive and Rehabilitative Services

Office for Deaf and Hard of Hearing Services

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:		DARS-DHHS-BEI certificate number of SSN:	
Address:		City:	State: ZIP code:
Signature:			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:	Date:
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