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An affiliate with the international Center for Nonviolent Communication (CNVC)

Continuing Education Verification of Attendance

Participant Name:

License Number:

Email:

Phone:

Mailing Address:

This course meets the qualifications for ___ hours of continuing education credit for MFT's and/or LCSW's as required by the California Board of Behavioral Sciences.

CEU Provider: Nonviolent Communication Santa Cruz
Number: PCE 4534

Date(s) of Workshop:

Title of Workshop:

Trainer:

Trainer Signature:

Date:

Attach a check payable to NVCSC for the processing fee, which will equal \$5.00 per unit (in-session hour) for the first 6 hours; plus \$2.00 per unit (in-session hour) for subsequent hours.

Send to: **NVCSC, 225 Rooney Street, Santa Cruz, CA 95065**

The licensee must retain this certificate for a period of two years from the date of license renewal for which this workshop was completed.