



# Fall Webinar Series Hosted by SCDCA

\_\_\_\_\_

Date of the Webinar

**Organization:** \_\_\_\_\_

| Name of Counselor                            |     |
|--|-----|
| 1.   | 11. |
| 2.   | 12. |
| 3.   | 13. |
| 4.   | 14. |
| 5.   | 15. |
| 6.   | 16. |
| 7.   | 17. |
| 8.   | 18. |
| 9.   | 19. |
| 10.  | 20. |
| <i>Attach additional pages as necessary.</i> |     |

*I hereby certify that the above-referenced licensee(s) did, in fact, attend the referenced webinar in its entirety.*

Proctor's Name (print) \_\_\_\_\_ Email \_\_\_\_\_

Proctor's Signature \_\_\_\_\_ Date \_\_\_\_\_