



## 2020 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 \_\_\_\_\_