

**The University of the State of New York
THE STATE EDUCATION DEPARTMENT
CERTIFICATION OF COMPLETION
TRAINING IN SCHOOL VIOLENCE PREVENTION AND INTERVENTION**

PART A	TRAINEE INFORMATION
1.	Trainee must complete all items in Part A. Return to provider for completion of Part B, "Certification by Approved Provider".
2.	The provider will return the Certification form, with Part B completed, to the trainee. It is the trainee's responsibility to submit the original copy of this Certification form to the New York State Education Department at the appropriate time. It should be submitted along with other relevant forms when the trainee applies initially for certification.
1.	Print name exactly as it currently appears on New York State Education Department records:
	Last Name: <input style="width: 100%;" type="text"/>
	First Name: <input style="width: 100%;" type="text"/>
	Middle Name/Initial: <input style="width: 100%;" type="text"/>
2.	Print your address:
	Care of: <input style="width: 100%;" type="text"/>
	Street: <input style="width: 100%;" type="text"/>
	City: <input style="width: 100%;" type="text"/>
	State: <input style="width: 100%;" type="text"/> Zip Code: <input style="width: 100%;" type="text"/>
3.	Date of Birth Month Day: Year:
4.	Social Security Number: <input style="width: 100%;" type="text"/>
Trainee's Signature: _____ Date: _____	
PART B	CERTIFICATION BY APPROVED TRAINING PROVIDER
1.	Provider must complete Part B.
2.	The EDUCATION DEPARTMENT - ORIGINAL COPY and TRAINEE COPY should be returned to the trainee within 21 calendar days of the completion of coursework or training.
3.	The provider of the coursework or training must retain the PROVIDER COPY. This copy must be retained in the provider's files for not less than six years from the date the course was completed.
Pursuant to Chapter 181 of the Laws of 2000, I certify that the person indicated in Part A has completed the required coursework or training in School Violence Prevention and Intervention.	
Name of Authorized Certifying Officer (Print or Type)	Approved Provider Name
Signature of Authorized Certifying Officer	Identification Number:
	Date(s) of Coursework or Training